

# Appendices

Counseling Lab Handbook 2025 – 2026

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

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

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

## Counseling Lab Interest Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Okay to leave message? ☐ Yes ☐ No

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

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

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

Monday (9am – 4pm) \_\_\_\_\_

Tuesday (9am – 4pm) \_\_\_\_\_

Wednesday (9am – 4pm) \_\_\_\_\_

Thursday (9am – 7pm) \_\_\_\_\_

Friday (9am – 2pm) \_\_\_\_\_

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## Request for Services

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

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

1. Informed consent: Services are provided by a clinical team – all sessions are video-recorded, observed by other clinicians and professional supervisors; strict confidentiality maintained.  
☐ Person agrees to receive services as described  
☐ Person does not agree to receive services, referred to: \_\_\_\_\_
2. Are you currently a student at APSU? ☐ Yes ☐ No
3. Currently receiving Counseling: ☐ Yes ☐ No \_\_\_\_\_  
**If yes**, share that we don't provide concurrent service
4. Previous Counseling History? (When, for how long, what for): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### Suicidality / Self-Harm

Past thoughts:	<input type="checkbox"/> No <input type="checkbox"/> Yes, (describe)	_____
Past actions:	<input type="checkbox"/> No <input type="checkbox"/> Yes, (describe)	_____
Current thoughts:	<input type="checkbox"/> No <input type="checkbox"/> Yes, (describe)	_____
Current actions:	<input type="checkbox"/> No <input type="checkbox"/> Yes, (describe)	_____

### Homicidality / Harm to others

Past thoughts:	<input type="checkbox"/> No <input type="checkbox"/> Yes, (describe)	_____
Past actions:	<input type="checkbox"/> No <input type="checkbox"/> Yes, (describe)	_____
Current thoughts:	<input type="checkbox"/> No <input type="checkbox"/> Yes, (describe)	_____
Current actions:	<input type="checkbox"/> No <input type="checkbox"/> Yes, (describe)	_____

6. Prior Hospitalizations (with reason for hospitalization):

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7. Substance Abuse History (gathered to assist in appropriate placement in clinic):

☐ Denied

☐ Acknowledged – briefly describe (what substances, amount, duration, past treatment)

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8. Thought Disturbances: ☐ No ☐ Yes (describe):

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9. Possible Dual Relationships

☐ Denied ☐ Acknowledged (who, nature):

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10. Special accommodations: ☐ No ☐ Yes (describe):

11. Times available for 50 min. appointments:

Monday (9am – 4pm):

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Tuesday (9am – 4pm):

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Wednesday (9am – 4pm):

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Thursday (9am – 7pm):

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Friday (9am – 2pm):

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12. Assignment / Appointment:

Counselor:

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Counselor informed ☐ (date):

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☐ Not appropriate for Counseling Lab Services

Reason:

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Referred to:

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Notes:

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Counseling Lab GA Signature

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Date

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

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

Health Professions Building  
Room 202  
P.O. Box 4537  
Clarksville, TN 37042

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## Counseling Lab Volunteer Participation Confirmation

Client Name: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Number of Sessions Attended: \_\_\_\_\_

Participated for:

- ☐ Class Extra Credit
- ☐ Service Hours
- ☐ Other

Counseling Lab Graduate Assistant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Consent to Receive Services

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

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

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

\_\_\_\_\_.

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

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

Typically, sessions occur weekly and last 50 minutes. We request that you make a commitment to participate in at least six weekly sessions. The actual duration and frequency of sessions will depend upon your specific goals. Your counselor-in-training will be available to meet with you until the week of April 17, 2026 when their advanced skills clinical experience will end. At that time, your counselor will assist you with appropriate recommendations. You have the right to stop attending sessions at any time. However, it is usually best to do so only after discussing possible risks with your counselor-in-training. If at any point you feel like you want to end your services through the counseling lab, please let your counselor-in-training know.



**Benefits and Risks:** Most people experience improvement or resolution to the concerns that brought them to the counseling lab. However, the process can be difficult sometimes. Discussing psychological, emotional, and/or relationship issues occasionally causes some pain and anxiety and making important changes will require effort on your part. You are most likely to see improvement when you are willing to be open and work through difficult issues, even when doing so is hard. Your counselor-in-training will support you in addressing these issues.

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

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

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

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

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

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

Dr. Eva Gibson at (931) 221-6224

Dr. Sarah Mendoza at (931) 221-

Dr. LeAnn Wills at (931) 221-

Dr. Lara Strate at (931) 221-

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

**Student Counseling Services**

Ard Building  
542 College Street  
931-221-6162

**APSU Police Department**

931-221-7786

**Clarksville Crisis Intervention  
Center**

211

**988 Suicide & Crisis Lifeline**

988

**Clarksville Police Department**

Dial 911

**Centerstone Crisis Response  
Team**

(800) 681-7444

**Nashville Sexual Assault Center**

(866) 811-7473

**National Sexual Assault Hotline**

1-800-656-4673

**Mobile Crisis Services**

(855) 274-7471

**Statement of Agreement:**

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

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Volunteer Signature

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Date

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Counselor-in-training  
Signature

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Date

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Masters Supervisor Signature

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Date

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## Intake Information Form

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

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ May we leave a message? Y N

Email: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Gender you identify with: \_\_\_\_\_ Year in School: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Relationship Status: \_\_\_\_\_

Religious Affiliation (if any): \_\_\_\_\_

Emergency Contact (name, address and phone number): \_\_\_\_\_

\_\_\_\_\_

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

☐ Yes ☐ No

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

☐ Yes      ☐ No

Medication/Supplement Name	Dosage	Intended Purpose
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Are you currently involved in any legal proceedings (arrest, charges, trial, probation, etc.)?

☐ Yes      ☐ No

If yes, Briefly Describe:

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

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

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

☐ Yes      ☐ No

If yes, please list and briefly describe:

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

When (month/ year)	Method of attempt
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Have you recently been thinking about hurting or killing yourself?

☐ Yes      ☐ No

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

☐ Yes      ☐ No

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

Physical abuse   ☐ Yes   ☐ No

Emotional abuse      ☐ Yes   ☐ No

Sexual abuse      ☐ Yes   ☐ No

Rape      ☐ Yes   ☐ No

Do you feel safe right now?   ☐ Yes   ☐ No

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

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Your Goals:

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

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

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

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

**Feelings:**

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

## Thoughts:

- |                                     |                                    |                                    |                                     |  |                                     |
|-------------------------------------|------------------------------------|------------------------------------|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Confused   | <input type="checkbox"/> Racing    | <input type="checkbox"/> Unlovable | <input type="checkbox"/> Obsessive  | <input type="checkbox"/> Unattractive  | <input type="checkbox"/> Homicidal  |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Worthless | <input type="checkbox"/> Paranoid   | <input type="checkbox"/> Unintelligent | <input type="checkbox"/> Indecisive |
| <input type="checkbox"/> Suicidal   | <input type="checkbox"/> Confident | <input type="checkbox"/> Honest    | <input type="checkbox"/> Worthwhile | <input type="checkbox"/> Disorganized  |                                     |

## Symptoms/Behaviors for the last year:

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

## Physical Symptoms:

- |                                    |  |   |   |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Insomnia  | <input type="checkbox"/> Tiredness       | <input type="checkbox"/> Excessive sleep  | <input type="checkbox"/> Weight gain or loss  |
| <input type="checkbox"/> Pain      | <input type="checkbox"/> Headaches       | <input type="checkbox"/> Light-headedness | <input type="checkbox"/> Tightness in chest   |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Dry mouth       | <input type="checkbox"/> Rapid heartbeat  | <input type="checkbox"/> Numbness or tingling |
| <input type="checkbox"/> Vomiting  | <input type="checkbox"/> Eating problems | <input type="checkbox"/> Stomach problems |   |

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

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

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## Mental Status Exam Checklist

Client Name: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

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

**Comments:** \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Supervisor Initials \_\_\_\_\_

# Intake Interview Guidelines

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

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

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

1. Explain How Counseling Works / Obtain Informed Consent:
  - Have volunteers complete the *Intake Information* form and read the *Consent* form
    - When complete, scan the *Intake Information* for any issues that must be addressed today (suicidality, safety, psychotic symptoms, etc.)
  - Answer any questions about the consent form
  - Verbally review the limits to confidentiality (1. Harm to self or others; 2. Suspected abuse of child / elderly / disabled; 3. Very rare legal situations – if you need to defend yourself)
  - Discuss seeing each other outside of the counseling lab
  - Weekly 50 minute sessions, cancellation, phone messages
  - Work in clinical teams, audio/video recording, supervision
  - Place to discuss difficult, challenging things, counselor will help and support, but not advise
  - Collaboration, volunteer as active participant, volunteer makes ultimate decisions
  - Brief, weekly check-in on how things going in general, and with counseling
  - Sign the consent form
2. Current Concerns:
  - Current problems / symptoms, including intensity, frequency and duration of symptoms
    - Ask specifically about anxiety, mood concerns, adjustment issues, stressors, substance use, social network, suicide, sexuality
  - Identify any related / additional concerns (medical, legal, relationship, job / school, substance use) – use follow-up questions as necessary to obtain details
  - How do symptoms and concerns impact volunteer functioning (bio-psycho-social)?
  - How has volunteer attempted to cope / resolve the concerns? How effective / healthy?
3. Crisis Evaluation & Attention:
  - Suicidal ideation or behavior, self-harm



- Homicidal and / or violent ideation or behavior
- Other safety issues (victim concerns, does the volunteer feel safe?)

4. Background Information Relevant for Understanding the Volunteer's Concerns:

- Developmental factors
- Cultural considerations
- Relationship information (strengths and problems with historical and current support network, extent and quality of current supports)
- Occupational history (school / work history, military service)
- History of challenges and concerns (personal & family, including mental health, legal, abuse, other trauma, substance use, etc.)
- Previous experience with mental health services (counseling, hospital, other)
- Volunteer strengths and resources (bio-psycho-social)

5. Desired Services:

- What does volunteer hope to accomplish through these sessions (initial goals)?
- What does volunteer think is needed to accomplish these goals?
- How will the volunteer know she is done with these sessions?

- \* Remember to leave time to check in regarding the relationship between you and the volunteer –discuss together what could be done to improve your collaborative work together.

### Brief Intake-Interview Outline

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

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

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Clarksville, TN 37042

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## Intake Summary

**Volunteer Name:**

**Date:**

**Counselor:**

**I. Identification of Volunteer and Problem:**

**II. History of Present Difficulties:**

**III. Relevant Background Information:**

**IV. Psychosocial Adjustment / Strengths and Resources:**

**V. Diagnostic Statement / Case Conceptualization:**

**VI. Initial Service Plan:**

---

Counselor Signature

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Date

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Supervisor Signature

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Date

# Intake Summary - Guidelines

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

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## Session Note

**Volunteer Name:** \_\_\_\_\_

**Service Date:** \_\_\_\_\_

**Counselor Name:** \_\_\_\_\_

**Session #:** \_\_\_\_\_

Subjective:

Objective:

Assessment:

Plan:

**Next Session:** \_\_\_\_\_

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

## Session Note Guidelines

**Subjective.** This section contains *material reported by the volunteer* about presenting issues, current status, compliance and response to homework assignments, and progress toward goals. It's *subjective* because they are not things you observe or can verify – things reported to you by the volunteer.

**Objective.** This section contains *information that you directly observe*. This should include a *brief* summary of what happened in the session, both the content/focus of the session and process (how things happened), as well as the volunteer's reaction to the session. Include the volunteer's basic way of being during the session. Make note of any dress/grooming, behavior, emotion, and/or cognition that is relevant (similar to the items on the MSE Checklist).

**Assessment.** Note in this section *your professional opinion of the volunteer's current level of functioning (including any safety/risk issues), their mental status, and how you feel the volunteer is progressing toward achieving their goals, as well as the evidence you have for your assessment*. The evidence of volunteer progress may involve volunteer reports of feelings, thoughts, behaviors along with their frequency, as well as your observations of the volunteer in session, and the volunteer's feedback regarding their progress and your relationship. You should use one of the following classifications: Little Progress (followed by the evidence); Moderate Progress (followed by the evidence); Much Progress: (followed by the evidence). This section would also be where you indicate information about any risk assessment you did during the session.

**Plan.** In this final section describe *any homework given, and referrals you made, any action you or the volunteer will take between now and the next session, as well as your plans for the next session(s)*. This may include topics you plan to address, needed follow-up on safety issues, symptoms that need to be checked, and techniques you may use. You must include a rationale that links your plan to the volunteer's goals, progress and needs. Note the date of the next scheduled session.

Special circumstances that require additional documentation should be discussed and written up with help from your individual/triadic supervisor. Any time there is evidence or suspicion of *at risk* behaviors, including suicidal behavior, self-harm, substance abuse, or physical or sexual abuse, more extensive documentation is needed, but should still follow the above format. Make a careful record of what you observed, what was told to you and by whom (direct quotes are good). Provide details of your assessment of risk, the steps taken and plan for managing the risk, and document any consultation you made with your supervisors or colleagues. In addition, any plan for outside consultation should be reviewed with a supervisor, and carefully documented. In subsequent notes, continue to document how you monitored and appropriately responded to the situation over time (how you provided appropriate follow-up).

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## Contact Note

Volunteer Name: \_\_\_\_\_ Contact Date: \_\_\_\_\_

Contact with: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Summary of Contact:

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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## Service-Plan

**Volunteer Name:** \_\_\_\_\_

**Counselor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ Initial Service Plan      ☐ Service Plan Review

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

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

**1. Desired Outcome:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Desired Outcome:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Desired Outcome:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Volunteer Signature      Date

\_\_\_\_\_  
Counselor Signature      Date

\_\_\_\_\_  
Supervisor Signature      Date



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## Closing/Transfer Summary

☐ **Closing**      ☐ **Transfer To:**

**Volunteer Name:** \_\_\_\_\_

**Counselor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Service Summary:

First Appointment:

Cancellations:

Last Appointment:

No-Shows:

Total Sessions Attended:

**Initial Presenting Concerns:**

**Initial Goals:**

**Progress on Goals:**

**Factors Enhancing Positive Outcomes:**

**Barriers to Positive Outcomes:**

**Reason for Service Termination:**

**Ongoing Concerns / Future Recommendations:**

---

Counselor Signature

---

Date

---

Supervisor Signature

---

Date

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## Counselor-In-Training Evaluation Form

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

1. I felt confident that what I said was confidential

☐ Strongly Disagree      ☐ Somewhat Disagree      ☐ Unsure      ☐ Somewhat Agree      ☐ Strongly Agree

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

☐ Strongly Disagree      ☐ Somewhat Disagree      ☐ Unsure      ☐ Somewhat Agree      ☐ Strongly Agree

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

☐ Strongly Disagree      ☐ Somewhat Disagree      ☐ Unsure      ☐ Somewhat Agree      ☐ Strongly Agree

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

☐ Strongly Disagree      ☐ Somewhat Disagree      ☐ Unsure      ☐ Somewhat Agree      ☐ Strongly Agree

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

☐ Strongly Disagree      ☐ Somewhat Disagree      ☐ Unsure      ☐ Somewhat Agree      ☐ Strongly Agree

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

☐ Not Helpful      ☐      ☐ Moderately Helpful      ☐      ☐ Extremely Helpful

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

☐ Strongly Disagree      ☐ Somewhat Disagree      ☐ Unsure      ☐ Somewhat Agree      ☐ Strongly Agree

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

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

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

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

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

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

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Date:

Dear \_\_\_\_\_,

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

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

Respectfully,

---

Counselor-in Training

---

Clinical Supervisor

Community Resources:

ASPU Student Counseling Center: (931) 221-6162  
Crisis Intervention Center: 211  
Suicide & Crisis Lifeline: 988  
Crisis Response Team: (800) 681-7444  
Nashville Sexual Assault Center: (866) 811-7473  
National Sexual Assault Hotline: (800) 656-4673  
Matthew Walker Health Center: (931) 920-5000  
The Ross Behavioral Group: (615) 338-6341  
Centerstone Clarksville: (931) 920-7200

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## Distressed Volunteer Protocol

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

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

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

Ard Building  
931-221-6162

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

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

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

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## Suicide Assessment Worksheet

### C-SSRS: Screener

Always ask questions 1 and 2	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Have you actually had any thoughts about killing yourself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES to 2, ask questions 3, 4, 5, and 6		
3) Have you been thinking about how you might do this?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Have you had these thoughts and had some intention of acting on them?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (High Risk)
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (High Risk)
Always Ask Question 6	Lifetime	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples:</i> Took pills, tried to shoot yourself, cut yourself, tried to hang yourself; or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed you mind or it was grabbed from your hand, went to the roof but didn't jump, etc. If yes, was this within the past 3 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> (High Risk)

### Additional Notes:

#### Risk & Protective Factors: Consider the past 12 months

<u>Relevant Demographics:</u>	
<u>Current Stressors:</u>	
Volunteer's Subjective Distress Level: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	
<u>Chronic Risk Factors:</u> ( <input type="checkbox"/> -past trauma; <input type="checkbox"/> -substance abuse history; <input type="checkbox"/> -major health concerns; <input type="checkbox"/> -self/family history of	Note other chronic risk factors:

MH concerns; <input type="checkbox"/> -prior suicide attempt; <input type="checkbox"/> -self-harm behaviors; <input type="checkbox"/> -prior MH hospitalization		
<b>Acute Risk Factors: (IS PATH WARM)</b> <input type="checkbox"/> I – Ideation: any signs that volunteer is considering suicide; command hallucinations <input type="checkbox"/> S – Substance Abuse: increased or excessive alcohol or drug use <input type="checkbox"/> P – Purposelessness: no reason for living; no sense of purpose in life <input type="checkbox"/> A – Anxiety & Agitation: anxiety, agitation, unable to sleep or excessive sleep <input type="checkbox"/> T – Trapped: feeling like there’s no way out; resistance to help <input type="checkbox"/> H – Hopelessness: hopelessness about the future, about self <input type="checkbox"/> W – Withdrawal: perceived sense of isolation; withdrawal from family, friends, society <input type="checkbox"/> A – Anger: rage, uncontrolled anger toward self/others; seeking revenge <input type="checkbox"/> R – Recklessness: level of impulsivity; acting reckless or engaging in risky activities <input type="checkbox"/> M – Mood Change: dramatic mood changes (positive or negative)		
<b>Protective Factors:</b> ( <input type="checkbox"/> -evidence of healthy coping skills; <input type="checkbox"/> -optimism/future orientation; <input type="checkbox"/> -supportive social network; <input type="checkbox"/> -strong family connections; <input type="checkbox"/> -cultural/faith beliefs supporting self-preservation; <input type="checkbox"/> -restricted access to means)		Note other protective factors:

**Additional Notes:**

_____	_____	_____	_____
Counselor Signature	Date	Supervisor Signature	Date



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## Safety Plan

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

Volunteer Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

People and social settings that provide support or distraction:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Professionals or agencies I can contact during a crisis

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

Things I can do to make my environment safe:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

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

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

## Clinical File Audit Form

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

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

# Clinical Documentation Timeline

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

## Session 1:

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

## Session 2:

- Session Note
- Intake Summary

## Session 3:

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

## Each Subsequent Session:

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

## Final Session:

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

# Clinical File Organization: Virtual File

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

Within your personal Counseling Lab OneDrive class folder, you will create a separate folder for each volunteer and name the folder in the following format: Volunteer (Volunteer Initials, SP22). (e.g., if your volunteer is Sam Student, your folder would be titled “Volunteer SSSP22”). The documents for that volunteer will be saved within their clinical folder. Your notes from class and/or supervision will remain in your personal Counseling Lab OneDrive folder and will not be saved into a volunteer folder. If you choose include a Counselor Evaluation Form, this will remain in your personal Counseling Lab OneDrive and will not be saved into a volunteer folder.

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

Outside of client files:

**Proof of Liability Insurance**\_your last name

**Counseling Lab Handbook Signature Form**\_your last name

In each client file:

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

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

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

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

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

**Volunteer Initials Date of Session Session Note** – required for all sessions scheduled with volunteers

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

**Volunteer Initials Date of Contact Contact Note** – required for all contacts with volunteers (phone or email).

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

**Volunteer Initials Date of Session Service Plan** – completed in the third session. Date should be written in the following format: MM.DD.YY

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

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## Clinical Supervision Record

**Supervisee Name:** \_\_\_\_\_

**Service Date:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Session #:** \_\_\_\_\_

Check all Topics Discussed:

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

Comments:

Note strengths demonstrated by peer supervisee:

Challenges:

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

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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## Weekly Supervisee Note

**Supervisee Name:** \_\_\_\_\_ **Service Date:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Session #:** \_\_\_\_\_

What I did well this week:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Things I would like to/need to work on:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Things I have improved or learned:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Goals for next week:

Questions or concerns for supervisor:

\_\_\_\_\_  
Supervisee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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## Supervisory Working Alliance Inventory (SWAI)

(Efstation, Patton, & Kardash, 1990)

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

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

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



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

Identification	Circle most relevant						
19. My supervisee understands client behavior and treatment technique similar to the way I do.	1	2	3	4	5	6	7
20. During supervision, my supervisee seems able to stand back and reflect on what I am saying to them.	1	2	3	4	5	6	7
21. I stay in tune with my supervisee during supervision.	1	2	3	4	5	6	7
22. My supervisee identifies with me in the way they think and talk about their clients.	1	2	3	4	5	6	7
23. My supervisee consistently implements suggestions made in supervision.	1	2	3	4	5	6	7

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

Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counsellor supervision. *Journal of Counseling Psychology*, 37, 322–329. doi:10.1037/0022-0167.37.3.322

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## Supervisor Evaluation Form

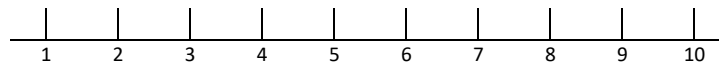
**Supervisee Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

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

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

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



What did you find helpful about your supervisor?

What do you wish your supervisor had done differently?

\_\_\_\_\_  
Supervisee Signature

\_\_\_\_\_  
Date

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## Supervisee Evaluation Form

Supervisee Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

### Part 1:

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

**1 = inadequate**

**2 = needs  
improvement**

**3 = satisfactory**

**4 = proficient**

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

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

## Part 2:

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

## **Supervision Documentation Timeline**

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

### **Prior to each session:**

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

### **After each session:**

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

### **After final session:**

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

## **Supervision File Organization: Virtual File**

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

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

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

**Supervisee Initials Date of Contact Clinical Supervision Record** – required for all supervisees each week. Date should be written in the following format: MM.DD.YY

**Supervisee Initials Date of Contact SWAI** – required for all supervisees each week. Date should be written in the following format: MM.DD.YY

## **Instructions for Recording – GoReact**



## Instructions for Recording – APSU Zoom Account

### Zoom:

1. Sign into the Zoom web portal using your APSU account at this link:  
<https://apsu.edu/online/technology/zoom.php>
2. Start Zoom meeting as the host
3. Click the option to “Record”
4. If there is a menu, select “Record on this Computer” (\*You must choose this option rather than “Record to the Cloud” for all volunteer sessions)
5. You will see a recording indicator in the top-left corner while recording is active.
6. After the meeting has ended, Zoom will convert the recording so you can access the files.
7. Once the conversion process is complete the folder containing the recording files will open.
8. By default, the audio/video file (MP4) will be named **Zoom\_0.mp4**. The audio only file (M4A) is named **audio\_only.m4a**,
9. Save the MP4 file in the following format “Your last name, Volunteer Initials, Session date”. For example: Coggins, Z.C., 01.28.21
10. Upload the MP4 file to your GoReact course folder.
11. For more information and support see: <https://support.zoom.us/hc/en-us/articles/201362473-Local-recording>

## Counseling Lab Referral List 2025

Site	Phone	Services Provided
<b>*Autism Education &amp; Therapy Center</b> 941 Professional Park Drive Clarksville TN autismetc.org	(615) 376-0034	Client support for those on autism spectrum; familial support network for parents and caregivers
<b>*APSU Counseling Services</b> 524 College Street Clarksville, TN apsu.edu/health-and-counseling/counseling	(931) 221-6162	Individual and group counseling, outreach programs, emergency services
<b>*Blanchfield Army Community Hospital (Fort Campbell) Behavioral Health</b> 646 Joel Dr, Fort Campbell, TN 42223 blanchfield.amedd.army.mil/	(270) 798-4269	Adult Behavioral Health services to Duty service members who are assigned to non-tenant units at Fort Campbell
<b>*Centerstone</b> 1820 Memorial Circle Clarksville, TN centerstone.org	(931) 920-7200	School-based therapy; outpatient services; mobile crisis
<b>*Clarksville House of Healing</b> <a href="https://www.healinginthemargins.com/clarksville">https://www.healinginthemargins.com/clarksville</a>	(931) 551-6124	Mental health centered where clients and clinicians with marginalized identities are centered – trauma-informed and cultural/LGBTQ competence *income based sliding fee scale
<b>*Community Counseling Center</b> 509 West 9 <sup>th</sup> Street Hopkinsville, KY communitycouns.org	(270) 886-1515	Inpatient facility for substance abuse at county jail; provides DUI and outpatient treatment support group; perpetrator only outpatient support group for domestic violence
<b>*Connect Counseling</b> 840 Professional Park Drive Clarksville, TN 37040 <a href="https://connectcounselingcenter.com">https://connectcounselingcenter.com</a>	(931) 614-7397	Individual and group counseling, outpatient services
<b>*Cumberland Hall Hospital</b> 270 Walton Way Hopkinsville, KY cumberlandhallhospital.com	(270) 889-2101 (270) 886-1919	Provides psychoeducational groups, acute inpatient care for adults and adolescents, Outpatient and partial hospitalization for active duty service members
<b>Emerald Therapy Center, LLC</b> 3227 Coleman Rd Paducah, KY *also Murray, KY	(270) 534-5128	Non-profit and victim's advocacy; developed own addictions treatment program (PHP, IOP) Trauma and substance use
<b>*Encompass</b> 104 Center Pointe Drive Clarksville, TN 37040	(931) 494-8619	Substance Abuse Outpatient with co-occurring mental health -step below detox and inpatient; assist with placement

## Counseling Lab Referral List 2025

<b>*Hampton House</b> <a href="https://hamptonhousecounseling.com">https://hamptonhousecounseling.com</a>	(615) 447-8054	Inclusive, affirming, and accessible mental health care. *flexible payment options
<b>*Health Connect America</b> 286 Clear Sky Ct, Clarksville, TN <a href="https://healthconnectamerica.com/">https://healthconnectamerica.com/</a>	(931) 933-7200	We provide community-based, office-based, and home-based therapy, case management, medication management and counseling for children, adolescents, adults, and families.
<b>*Imani Behavioral Health</b> 933 Tracy Lane Suite D Clarksville, TN	(931) 542-6637	Veterans, children and families
<b>*Insight Counseling Centers</b> 516 Madison St, Clarksville, TN <a href="http://insightcounselingcenters.org/">http://insightcounselingcenters.org/</a>	(615) 383-2115	Psychotherapy to individuals, couples and families. Offers spiritually-integrative counseling approaches.
<b>*Inspired Counseling Services, PLLC</b> 2678 Townsend Court, Suite C Clarksville, TN 37043 <a href="https://inspiredcounselingservicespllc.com">https://inspiredcounselingservicespllc.com</a>	(931) 201-9621	Individual counseling, play therapy, couples therapy, sex therapy, family therapy, etc.
<b>*Integrative Therapy Nashville</b> 16 <sup>th</sup> Ave South, Nashville, TN 37212 <a href="mailto:melanie@integrativetherapynashville.com">melanie@integrativetherapynashville.com</a>		Outpatient
<b>*Jean Crowe Advocacy Center – Metro Office of Family Safety</b> 100 James Robertson Parkway, Ste 114 Nashville, TN <a href="http://51ashville.gov/Office-of-Family-Safety">51ashville.gov/Office-of-Family-Safety</a>	(615) 862-4767	Victims of domestic violence, crisis counseling, court advocacy for victims, sexual assault, child abuse and elder abuse
<b>*Matthew Walker Comprehensive Behavioral Health</b> 230 Dover Road Clarksville, TN	(931) 920-5000	Comprehensive center serving immigrants, individuals with substance use, depression, anxiety but also provides healthcare services
<b>*Pennyroyal Center – Genesis West Residential Program</b> 209 Burley Avenue Hopkinsville, KY <a href="https://pennyroyalcenter.org/">https://pennyroyalcenter.org/</a>	(270) 886-5163	Drug court, outpatient, crisis, substance use (short term inpatient facility for dual diagnosis clients)
<b>*Psychological Science and Counseling Clinic</b> 510 College Street Clarksville, TN <a href="mailto:clinicdirector@pscclinic.org">clinicdirector@pscclinic.org</a>	(931) 221-6178	Psychological and behavioral health care for individuals, families, and groups Comprehensive psychological assessment services *sliding fee scale
<b>*Restorelife Behavioral Health</b> 128 North 2 <sup>nd</sup> Street, Suite 202	(615) 348-5806	Grief groups, individual counseling, couples and families

## Counseling Lab Referral List 2025

Clarksville, TN Restorelifebh.com		
<b>*The Refuge Center</b> 103 Forrest Crossing Blvd. Suite 102 Franklin, TN 37064	(615) 591-5262	Group, adolescent, individual counseling covering a variety of issues; incorporates spirituality into practice
<b>*Sexual Assault Center</b> 101 French Landing Drive Nashville, TN www.sacenter.org	(615) 259-9055	Individual with children, adults as well as group for sexual assault survivors, rape survivors and non-offending caregivers and loved ones, trauma, play therapy, EMDR, animal assisted
<b>*Soldiers and Families Embraced (SAFE)</b> 1812 Haynes Street Clarksville, TN 37043 www.soldiersandfamiliesembraced.org	(931) 591-3241	Individual Counseling, Youth Counseling, and Couples Counseling for Active Duty, Active Duty Dependents, Veterans, Veteran Dependents.
<b>*Steven A. Cohen</b> 775 Weatherly Drive Clarksville, TN 37043 <a href="https://www.cohenveteransnetwork.org/">https://www.cohenveteransnetwork.org/</a>	(931) 221-3860	Offers brief, client-centered therapy for a variety of mental health issues. Veterans and their families are eligible for low to no-cost, personalized, and evidence-based mental health care.
<b>*Sunrise Counseling Services</b> 2292 Dalton Dr., Ste. C Clarksville, TN 37040  2321 Rudophtown Road Clarksville, TN 37043 <a href="http://sunrisecounselingservices.org">sunrisecounselingservices.org</a>	(931) 494-6803	Therapists specialize in treating children, adolescents, adults, couples and families for a wide variety of presenting concerns
<b>*Trauma and Therapy Center of TN</b> 600 S. Rosewood Drive Clarksville, TN harrisprofessionalcounseling.com	(931) 218.6100	Private practice servicing range of issues to include emotion focused therapy, spirituality, provides services and training with the emotional brain limbic system; trauma
<b>*Trinity Behavioral Health Services</b> 151 B Hatcher Lane Clarksville, TN trinitybehavioral.com	(931) 563-0110 (931) 919-2641	Private practice specializing in diagnosing mental illness, working with children, adults, adolescents; provides individual, marriage and family therapy