



COLLEGE OF EDUCATION
COUNSELOR EDUCATION
ALABAMA A & M UNIVERSITY

Instructor	
Course Number	COUN 597
Course Title	Practicum II
Call Number/Section	
Class Times	
Class Location	
Prerequisites	Required Courses/See Curriculum and Handbook
Textbook	<p>(REQUIRED Textbook) Theravue https://www.theravue.com/sign-in</p> <p>Recommended Reading(s)</p> <p style="text-align: right;">Sweitzer, H. F. & King, M. A. (2012). <i>The Successful Internship: Personal Professional, and Civic Development</i>, Brooks-Cole, Cengage.</p> <p>American Counseling Association (ACA). 92014). ACA Code of Ethics (no cost) http://www.counseling.org/resources/aca-code-of-ethics.pdf <i>Publication manual of the American Psychological Association, (5th ed.)</i>. Washington, DC: American Psychological Association.</p>
Instructor	
Office	
Office Hours	
E-mail address	

COURSE DESCRIPTION:

This is a practicum at an approved field placement site for a minimum of 100 clocked hours (40 direct, 60 indirect) observing and/or practicing clinical skills with individuals, couples, families, and/or groups under the direction of an approved supervisor with applications of counseling theories and strategies over a full academic term that is a minimum of 10 weeks. Rehabilitation skills such as vocational assessment, effective rehabilitation planning and caseload management, service delivery methods and community resource utilization, vocational and personal adjustment counseling, job development, modification and restructuring, and utilization of rehabilitation engineering and accommodation services will also be practiced. Direct client service, record keeping, information and referral, appraisal, consultation, and evaluations are included.

For additional information on field requirements, please refer to the [Field Handbook](#).

--

Commission Rehabilitation Counselor Certification Code of Ethics

<https://crccertification.com/wp-content/uploads/2023/04/2023-Code-of-Ethics.pdf>

CACREP Standards (2016) covered in COUN 597

Standard	Evaluation
Section 3: Professional Practice	
a. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.	Liability Insurance Proof
b. Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.	Theravue Assignment
c. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum and internship.	Midterm and Final Evaluations
d. students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship.	Theravue Assignment
e. In addition to the development of individual counseling skills, during <i>either</i> the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.	Weekly Log Submissions
f. Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks.	Weekly Log Submissions
g. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills	Weekly Log Submissions
h. Practicum students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.	Weekly Log Submissions
i. Practicum students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under	Weekly Log Submissions

the supervision of a counselor education program faculty member.	
--	--

RATIONALE FOR COURSE

The practicum field experience is designed to provide an opportunity for students in counseling and clinical training to apply what they have learned in coursework in a real setting under appropriate supervision. Opportunities will be provided for students to gain supervised experience that may not be provided in the class setting (e.g., activities such as administering tests, working with a diverse clientele, etc.). The practicum seminar is designed to give students the opportunity to share experiences in the field in a common setting and to discuss recent literature in the areas of ethics, assessment/diagnosis, and intervention.

SERVICES FOR PERSONS WITH DISABILITIES

The University provides environmental and programmatic access for persons with documented disabilities as defined in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act of 1990. Any student who desires information or assistance in arranging needed services for a disabling condition should contact the Director of Special Students Services, Student Center, Room 203, (256) 372-4263.

Required Assignments:

- I. Supervision.** Students will meet for a minimum of 1.5 hours/week of group supervision provided by the faculty supervisor at the Alabama A&M University Psychology Department (Dr. Weaver) (CACREP, 2016, III.I); this is considered site supervision. They will also receive weekly individual/triadic supervision that averages one hour per week throughout the internship from their site supervisor (CACREP, 2016, III.H).
- 2. Practicum Contract.** At the beginning of the semester you will complete a practicum supervision contract that defines the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum (CACREP, 2016, III.R).
- 3. Ethical and Professional Conduct.** Practicum students must behave in accordance with the ACA Ethical Standards and other standards of accepted professional conduct, including attire appropriate to professional counseling. Special attention is called to standards of confidentiality.
- 4. Liability Insurance.** All students must provide proof of professional liability insurance coverage before they will be permitted to see clients. Students are free to obtain this insurance through any insurance company recommended by a counseling association. Professional liability insurance is available through the American Counseling Association. (CACREP, 2016, III.A)
- 5. Theravue Counseling Simulations/Intake Assessment Counseling Recordings (150 points)** technology that allows the recording of all client sessions in the Clinic (CACREP, 2016, III.B).
A) Theravue Counseling Simulations (15 points/15 direct service hours): Students will submit **5 simulations using Theravue simulations.** After completion of the Theravue recording, students will need to submit the following clinical documentation for each recording: 1) progress notes

(SOAP format), 2) self-assessment evaluation, 3) informed consent, 4) mental status general observations, 5) termination report, and 6) treatment plan.

B) Intake Assessment Video Recordings (15 points/15 direct service hours): Students will complete **5 intake assessments video recordings (40 minutes minimum)** with **live clients/partners**. After completion of the intake assessment, students will need to submit the following clinical documentation for each recording: 1) a clinical case report, 2) the intake assessment form, 3) progress notes (SOAP format), 4) self-assessment rubric, 5) informed consent, 6) mental status general observations, and 7) termination report.

Please note video recordings submitted with passwords will not be graded and receive a zero if there is no password provided at the time of submission. You have difficulty uploading the video or playback after submission, please notify me before the assignment deadline via Blackboard course messages. All clinical documentation must be completed in its entirety. Examples are provided under Appendix.

6. Reflection Paper (50 points). Students will write a personal reflection paper in APA style format that answers the following prompt: “*Concluding this semester of clinical work, what personal growth and what professional growth did you observe in yourself since the start of practicum?*” Additionally, reflect on if there are any populations that were difficult for you to work with and why. Lastly, reflect on aspects of your self-care that assisted you during the semester and what you intend to do to hold yourself accountable for your own personal wellness as you continue your clinical work in subsequent semesters. This assignment needs to include a cover page, a reference page if applicable, and be at least 3 pages in duration but not more than 5 pages.

7. Weekly Hour Log (50 points). The purpose of the log is to provide a record of all time spent in practicum/internship activities. The log serves as evidence that the student has met the content and time requirements of the internship. The log is to be signed by the appropriate supervisor. Logs must be submitted for review/signature EACH week. A penalty will be applied for logs not received on time and uploaded to the appropriate BLACKBOARD tab. At the end of the semester, students will complete a summary of all hours earned during the semester. Originals should be given to your faculty supervisor; you are advised to keep your own copies.

Students may not accrue hours during any week Group (i.e., class) or Individual Supervision is missed. Deduction of 10 points for each class session missed. Students are REQUIRED to use the department approved weekly logs. No other forms will be accepted. If you have difficulty using the form, please notify me before the due date. There will be instructional video provided on Blackboard.

8. Evaluations (200 points) Students will be provided with formative evaluations at midterm and summative evaluations at the end of the semester (CACREP, 2016, III.C). Originals should be given to your faculty supervisor; you are advised to keep your own copies. (Midterm =100 points/Final 100 points)

8. Group Leadership Students will submit proof of leading or co-leading a counseling group (see Appendix). Students must complete a minimum of 10 direct contact hours of group counseling during their field experience.

GRADING MATRIX

Instrument	Points	A deduction of 10 points will be
------------	--------	----------------------------------

Weekly Supervision Attendance Participation/ Field work documentation/ Orientation/Disclosure/Weekly logs	100	<p>applied for each class session missed. Missing more than 2 class sessions will result in class failure.</p> <p>A deduction of 10 points will be applied for each late weekly log/ assignment submission.</p> <p>Late clinical documentation submission will result in a deduction of points. All clinical documentation (disclosure, intake forms, self-evaluations, mental status exams, etc) must be submitted with the designated assignment ON TIME. Please check all clinical documentation required for the assignment when submitting to Blackboard.</p>
Theravue case simulations/Intake assessments/ Taped session	150	
Reflection paper	50	
Mid term Evaluation (100 points) Final Evaluation (100 points)	200	
Total Points Possible	500	

GRADES

Total Possible Points: 500

<u>Points</u>	<u>Grades</u>
450-500	A
400-449	B
350-399	C
300-349	D
0-299	F

Schedule

Schedule subject to reasonable revision

Date	Content	CACREP	ASSIGNMENTS DUE
Week 1	<ul style="list-style-type: none"> ▪ Introduction ▪ Course requirements, Paperwork ▪ Supervision Model, Practices and Processes: Supervisor/Supervisee Role in class ▪ Supervision Contract ▪ Expectations ▪ Clinical Documentation ▪ Philosophy of Counseling 		Due 01/15
Week 2	Clinical Interviewing Communication: Content, Thinking, Feeling, Levels of Empathy,		Practice Theravue Videos Due 01/16

	It, We, You, and I statements Structure of First Session/ongoing sessions Establishing a relationship Informed Consent		
Week 3	Theoretical Orientation Clinical Interviewing Intake Record Keeping Standards: Progress Notes and Group Notes		Practice Theravue Videos Professional Disclosure Statements Due 01/23
Week 4	Practice Live Supervision (Theravue- simulations) Record keeping standards Diagnostic Assessment Form Report Writing Basic Case Conceptualization (Individual Counseling: Skills and Techniques): Common Thread Coping Pattern Vicious Cycle Reality case conceptualization Goal Setting and Treatment Plans		Practice Theravue Videos Weekly logs check Professional Disclosure Begin scheduling Intake Videos Due 01/30
Week 5	Continued Common Thread Coping Pattern Vicious Cycle Reality case conceptualization Goal Setting and Treatment Plans		Theravue video submission module 1 Due 02/6
Week 6	Reality case (Continue conceptualization) Goal Setting and Treatment Plans		Live Supervision Theravue video submission module 2 Due 02/13
Week 7	Lecture: Suicide Assessment, Depression Group Dynamics and leadership facilitation styles		Suicide Assessment-in Weekly Logs Theravue video submission module 3 Due 2/20
Week 8	Distance Counseling		Live Supervision: Complete Telemental Health 101 Training Weekly logs Theravue video submission module 4 Due 2/27
Week 9	Supervision group to review videos		Live Supervision:

			Weekly logs Theravue video submission module 5 Due 3/6
Week 10	Planning for Internship: Handbooks disseminated. Developing a plan for Groups		Mid-Course Evaluations Due Video Intake 1 Due 3/13
Week 11	Termination of Services Professional credentialing, including certification, licensure		Live Supervision: Reflection Paper Due Weekly logs Due 3/20
Week 12	Termination of Services Professional credentialing, including certification, licensure Group Counseling		Video Intake 2 Live Supervision: Weekly logs Due 3/27
Week 13	Records Management and DSM-IV Role Blending in Schools Ethical Issues		Video Intake 3 Final logs Individual Evaluations Due 4/4
Week 14	Course Wrap up		Video Intake 4 Final Logs Ind. Evaluations Due 4/11
Week 15	Course Wrap up		Video Intake 5 Individual Evaluations Due 4/18

SERVICES FOR STUDENTS WITH DISABILITIES

The University provides environmental and programmatic access for persons with documented disabilities as defined in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act of 1990. Any student who desires information or assistance in arranging needed services for a disabling condition should contact the Director of Special Students Services, Student Center, Room 203, 256-372-4263.

ATTENDANCE POLICY

The attendance policy complies with the Alabama A & M University guidelines. A graduate student is permitted **one** (1) unexcused absence for each credit hour generated by the class. Two absences will lower your grade by one grade; this holds true for subsequent absences. Students are expected to attend all classes. This instructor does not have to be contacted in the event of your absence, except in the event of extended absences. Students are allowed one unexcused absence. **Two absences = 1 letter grade lower; Three absences = failure of course.**

COMMITMENT TO DIVERSITY

The College of Education, Humanities, and Behavioral Sciences is committed to providing students with appropriate and sufficient knowledge, abilities, and dispositions that will enable them to understand, accept, and embrace diversity and equity in the learning process.

ETHICS STATEMENT

All acts of dishonesty in any work constitute academic misconduct that could result in a failing grade for the class or expulsion from the Program/University. Academic dishonesty includes but is not limited to cheating, plagiarism, and fabrication of information. Students who commit acts of academic dishonesty will be immediately referred to the Department's Academic Standards Committee for adjudication, which could result in expulsion from the Program and from the University. Resource: the AAMU, Office of Academic Affairs, Academic Policies and Procedures Manual, most recent revision.

CLASSROOM DECORUM

It is expected that students will take responsibility for their own education and will help to create an environment conducive to learning. Additionally, each classroom should be embraced as a professional experience. Cell phones will be turned off or placed on the silent mode during class. Disregarding this request will lower your grade by one letter grade. Appropriate attire is required.

Laptops may be used in class but are only to be utilized for class related activities (e.g., taking notes). If it becomes apparent you are using the computer for non-class activities (e.g., checking your email, playing games) then you may be asked to turn off your computer and refrain from bringing it into class in the future. Laptop use is restricted to the back or sides of the classroom so that other students are not distracted during lecture.

Students who violate the Student Code of Conduct will be referred to the Department's Academic Standards Committee. The Psychology & Counseling Master's Program adhere to the code of ethics that govern our profession: ACA, <http://www.counseling.org/knowledge-center/ethics>; American Psychological Association, <http://www.apa.org/ethics/code/index.aspx>; and the NCC, <http://www.nbcc.org/assets/ethics/nbcc-codeofethics.pdf>.

SAFETY PRECAUTIONS

Keep your site supervisor apprised of all aspects of your work. Obtain supervision from your site supervisor **immediately** if you become aware of any information that causes you concern for another person's safety. If the supervisor is not available, seek assistance from another counselor/mental health professional in the agency **immediately**. Also inform the instructor as soon as possible.

Appendix

SAMPLE Practicum Schedule/PLAN

Trainees will typically need **100** over the course of their practicum to meet the hours requirements for their individual programs of study.

It is required that **40** of these hours be **direct service** and **60** of these be **indirect hours**.

Over the course of the semester, Practicum students will generally work 10-20 hours a week.

<u>Direct Services Activities:</u>	<u>Hours Per Week</u>
Observing Staff	0 – 5
Individual Counseling	7 – 10
(Personal, Academic, & Career)	
Outreach Programming	0 – 2
Group Counseling	0 – 2
<u>Training – Supervision Activities:</u>	
Individual Supervision	1
Group Supervision	1
Training Seminar Topics	1
Supervision of Group Counseling	0 – 1
<u>Administrative Activities:</u>	
Clinical Notes & Paperwork	2
Preparation for Supervision	1

Approximate Totals: 13 – 21 hours

SAMPLE RESOURCE FORMS

SAMPLE PROGRESS NOTE (SOAP FORMAT)

SOAP

S: Subjective: How does the client describe their problem? This is usually a quote or statement from the client describing their subjective description of the problem.

O: Objective: What did you observe about this client? These are written as factual notations.

A: Assessment: What is your impression about/of this client?

P: Plan: What is your plan with this client?

Example:

S: Sharon F. stated, “He goes out drinking all night and I get so furious. I’m done going around town trying to find him at bars.”

O: Cl. describes long history of ‘dealing’ with husbands drinking. Cl. somewhat labile in session – tearful, then angry, then withdrawn. Cl. expresses concern for effect husband’s drinking has had on children. Denies kids are at risk. No history of violence, child abuse. Cl. states alcoholic parents. Not sure what to do. States divorce is not an option.

A: Cl. clearly pained by situation. Cl. looks tired, haggard. Seems dejected. Difficulty reaching out for support. Seems to blame self as reason husband drinks.

P: Support. Provide psychoeducation regarding husband’s use of alcohol. Supportively confront belief she is the cause of his drinking. Inform client of Al-Anon and ACA. Encourage attendance in Al-Anon for group support and to confront negative self ideations. Will continue to establish goals.

SAMPLE CASE PRESENTATION
(Outline)

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 5 Diagnosis: (Including number)

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.

Questions: Identify at least 3 questions to ask your classmates and university supervisor about the case.

SAMPLE CASE PRESENTATION

Semester: Spring 2024

Course: COUN 597

Name of Counselor-in-Training:

Name of Client: S.T.

Dates Seen: January 20, February 2, February 28

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 appear average and her memory appears 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 5 Diagnosis:

Adjustment Disorder with Mixed Anxiety and Depressed Mood - 309.28

Analysis of the Problem: S.T. is currently experiencing almost debilitating levels of depression and anxiety related to 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 the client's response and understood her given 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 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.

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.

Questions: What are other CBT techniques I could use with the client? Are there other treatment modalities that would be better suited for the client's presenting problems? What family therapy approach would be best for the client?

Mental Status General Observations

APPEARANCE

Hygiene: clean, body odor, shaven, grooming

Dress: clean, dirty, neat, ragged, climate appropriate — anything unusual?

Jewelry: rings, earrings — anything unusual?

Makeup: lipstick, nail polish, eye makeup — anything unusual?

Other: prominent scars, tattoos

SPEECH

General: accent, clarity, stuttering, lisp

Rate: fast (push of speech) or slow

Latency (pauses between questions and answers): increased or decreased

Volume: whispered, soft, normal, loud

Intonations: decreased (monotone), normal

BEHAVIOR

General: increased activity (restlessness, agitation), decreased activity

Eye Contact: decreased, normal, excessive, intrusive

Mannerisms, stereotypies, posturing

Cooperativeness

Cooperative, friendly, reluctant, hostile

THINKING

Thought Processes: Tight, logical, goal directed, loosened, circumstantial, tangential, flight of ideas, word salad

Thought Content: Future oriented, suicidal ideation, homicidal ideation, fears, ruminative ideas

Perceptions: Hallucinations (auditory, visual, olfactory)

Delusions (paranoid, grandiose, bizarre)

EMOTION

Mood (Patient describes in own words and rates on a scale 1-10)

AFFECT (YOU DESCRIBE)

Type: depressed/sad, anxious, euphoric, angry

Range: full range, labile, restricted, blunted/flattened

Appropriateness to content and congruence with stated mood

COGNITION

Memory: Immediate recall, three and five minute delayed recall of three unrelated words

Orientation/Attention: Day, date, month, year, place, president; Serial 7's (or 3's), WORLD — DLROW, digit span

Insight/Judgment: Good, limited or poor (based on actions, awareness of illness, plans for the future)

Sample Mental Status Report

Gary Sparrow, a 48-year-old white male, was disheveled and unkempt on presentation to the hospital emergency room. He was wearing dirty khaki pants, an unbuttoned golf shirt, and white

shoes and appeared slightly younger than his stated age. During the interview, he was agitated and restless, frequently changing seats. He was impatient and sometimes rude in his interactions with this examiner. Mr. Sparrow reported that today was the best day of his life, because he had decided to join the professional golf circuit. His affect was labile, but appropriate to the content of his speech (i.e., he became tearful when reporting he had “bogeyed number 15”). His speech was loud, pressured, and over elaborative. He exhibited loosening associations and flight of ideas; he intermittently and unpredictably shifted the topic of conversation from golf, to the mating habits of geese, to the likelihood of extraterrestrial life. Mr. Sparrow described grandiose delusions regarding his sexual and athletic performance. He reported auditory hallucinations (God had told him to quit his job and become a professional golfer) and was preoccupied with his athletic and sexual accomplishments. He was oriented to time and place, but claimed he was the illegitimate son of Jack Nicklaus. He denied suicidal and homicidal ideation. He refused to participate in intellectual- or memory-related portions of the examination. Mr. Sparrow was unreliable and exhibited poor judgment. Insight was absent.

Reflection on your Clinical Experience

Reflecting on your clinical experience and taking action based on what you have learned and experienced can be every bit as important as the internship itself. Here are some key questions to consider as you look back on your experience. Consider answers to these questions as you begin preparing to search for your next internship, your first full-time job, or as you prepare for a doctorate program.

Building your Network

- Have you effectively built relationships or networked with the people at your clinical site?
- How can you build a strong network with those with whom you worked with for future benefit?

Career Path

- If you wanted to follow in the career path of someone at your clinical site, what would you need to do to make this happen? Write down 2 or 3 action steps to make it happen.
- Can you begin taking these steps now that you are back on campus?

Culture/Collegiality

- How would you describe the culture at your clinical site? Provide relevant examples.
- How does this fit with your ideal employer or your work values?
- If the culture at your clinical site did not match your goals or expectations, what did you learn from that? What needs to be different for you at a future place of employment?

Diversity

- Did you work with a diverse range of people?
- How did people from diverse backgrounds work with each other? What did that teach you?

Goals

- How does this clinical relate to your long-term educational or career goals?
- Do you need to change your long-term goals as the result of your experience? If so, what needs to change and what are your next steps?

Mentoring

- Did you have a mentor? Was the experience beneficial?
- Did you observe either informal or formal mentoring taking place within the organization?
- What does your experience with mentoring tell you about the organization?

Outcomes

- What about your clinical experience is the most surprising to you (i.e., what did you least expect going into the experience) and what lesson(s) can you draw from this?
- What, if any, attitudes or beliefs changed for you as a result of your service?
- Did the clinical provide you with any insights that you hadn't anticipated?

Skills/Tasks

- What new skills have you learned since beginning your experience?
- What types of tasks did you discover that you enjoy or excel at completing?
- What tasks are less attractive or fulfilling?
- What knowledge and skills did you gain? How do you plan on applying them in the future?

Group Leadership

Name:

Date of group:

Location:

Type of group:

Topic of session:

Student signature:

Supervisor signature:

