

CHRD 786 Practicum Handbook

The ethical codes, principles and standards of the American Counseling Association, American College Personnel Association, American School Counselor Association, and the Commission of Rehabilitation Counselor Certification are reference hereby incorporated within the text of the CHRD Practicum Handbook. This handbook does not cover any additional requirements or expectations individual faculty members may establish for students under their supervision. From time to time, this handbook will be updated with new information. Students are welcomed to submit suggestions for future revisions.

Table of Contents

INTRODUCTION TO CHRD PRACTICUM 3

NOTE ON INTERNSHIP 5

 LATE APPLICATIONS 5

PROFESSIONAL LIABILITY INSURANCE REQUIREMENT..... 6

STUDENT CONDUCT 6

RIGHTS AND RESPONSIBILITIES 6

 STUDENT RIGHTS AND RESPONSIBILITIES 6

 FACULTY RIGHTS AND RESPONSIBILITIES 7

STUDENT EVALUATION, REVIEW AND REMEDIATION POLICY 7

 STUDENT EVALUATION 8

 STUDENT REVIEW CONFERENCE..... 8

 REMEDIATION POLICY..... 8

THE PRACTICUM EXPERIENCE SUPERVISION 8

 EVALUATION..... 9

 CONFIDENTIALITY..... 9

 CONSULTATION 9

 WHEN TO SEEK FACULTY CONSULTATION 10

 DIRECT AND IMMEDIATE FACULTY INVOLVEMENT..... 10

 REFERRALS 10

 REQUIRED COUNSELING HOURS 10

 OBTAINING CLIENTS AND INFORMED CONSENT..... 11

 CLIENT FILES..... 11

 TRANSPORTATION OF CONFIDENTIAL INFORMATION..... 12

ROOM KEYS AND RESERVATIONS..... 12

RECORDING SESSIONS..... 12

COMMUNITY REFERRAL SOURCES..... 12

 EMERGENCIES..... 12

 MAIN CAMPUS: BROOKINGS..... 12

 WEST RIVER CAMPUS: RAPID CITY, SD..... 13

 SIOUX FALLS GENERAL AREA..... 13

PROGRAM DIRECTORY 14

 MAIN CAMPUS 14

 UNIVERSITY CENTER—RAPID CITY 15

Introduction to CHRD Practicum

CHRD 786– Counseling Practicum is a time of considerable professional and personal growth. Practicum provides students with a closely supervised counseling experience to facilitate further development as a professional counselor. Students must be dedicated, willing to risk new behaviors, experiment with new methods, assume personal responsibility, and exert a considerable amount of emotional and physical energy in order to succeed and reap the full benefits of the course.

Reading can provide an important source of support and grounding through this process. Selecting topics related to client concerns or specific interventions is particularly fruitful. Some faculty members require books or other readings. Others encourage or require participation in workshops or seminars. Be sure to ask questions and note specific requirements.

The goal of the Practicum course is for each student to clearly define a counseling style and refine counseling skills. The following specific learning standards must be successfully completed.

#	Section 2: Professional Counseling Identity
	Professional Counseling Orientation and Ethical Practice
F-1.c	counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams.
F-1.i	ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling
F-1.k	strategies for personal and professional self-evaluation and implications for practice
F-1.l	self-care strategies appropriate to the counselor role
	Social and Cultural Diversity
F-2.e	the effects of power and privilege for counselors and clients
F-2.g	the impact of spiritual beliefs on clients' and counselors' worldviews
	Human Growth and Development
F-3.c	theories of normal and abnormal personality development
F-3.f	systemic and environmental factors that affect human development, functioning, and behavior
F-3.h	a general framework for understanding differing abilities and strategies for differentiated interventions
F-3.i	ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan
	Career Development
F-4.b	approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other roles and factors
	Counseling and Helping Relations
F-5.a	theories and models of counseling
F-5.b	a systems approach to conceptualizing clients
F-5.f	counselor characteristics and behaviors that influence the counseling process
F-5.g	essential interviewing, counseling, and case conceptualization skills
F-5.h	developmentally relevant counseling treatment or intervention plans
F-5.i	development of measurable outcomes for clients
F-5.j	evidence-based counseling strategies and techniques for prevention and intervention
F-5.k	strategies to promote client understanding of and access to a variety of community-based resources
F-5.l	suicide prevention models and strategies
F-5.n	processes for aiding students in developing a personal model of counseling

	Group Counseling and Group work
F-6.b	dynamics associated with group process and development
F-6.d	characteristics and functions of effective group leaders
	Assessment and Testing
F-7.b	methods of effectively preparing for and conducting initial assessment meetings
F-7.c	procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
F-7.d	procedures for identifying trauma and abuse and for reporting abuse
F-7.e	use of assessments for diagnostic and intervention planning purposes

#	Clinical Mental Health Counseling Primary Area of Competency
	Foundations
1.c	principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
1.e	psychological tests and assessments specific to clinical mental health counseling
	Contextual Dimensions
2.d	diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including <i>the Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> and the International Classification of Diseases (ICD)
2.j	cultural factors relevant to clinical mental health counseling
2.l	legal and ethical considerations specific to clinical mental health counseling
2.m	record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling
	Practice
3.a	intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
3.b	techniques and interventions for prevention and treatment for a broad range of mental health issues

#	College Counseling Primary Area of Competency
	Contextual Dimensions
2.d	characteristics, risk factors, and warning signs of individuals at risk for mental health and behavioral disorders
	Practice
3.b	strategies to assist individuals in higher education settings with personal/social development
3.c	interventions related to a broad range of mental health issues for individuals in higher education settings

#	Rehabilitation Counseling Primary Area of Competency
	Foundations
1.d	Principles, models, and documentation formats of biopsychosocial care conceptualization and treatment planning
1.f	Etiology and effects of disability and terminology relevant to clinical rehabilitation counseling
1.g	Screening and assessment instruments that are reliable and valid for individuals with disabilities
	Contextual Dimensions

2.f	Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD)
2.k	Effects of discrimination, such as handicapism, ableism, and power, privilege, and oppression on clients' life and career development
2.m	Effects of the onset, progression, and expected duration of disability on clients' holistic functioning (i.e., physical, spiritual, sexual, vocational, social, relational, and recreational)
2.p	Environmental, attitudinal, and individual barriers for people with disabilities
2.s	Cultural factors relevant to rehabilitation counseling
2.u	Record keeping, third party reimbursement, and other practice and management issues in rehabilitation counseling
2.w	Legal and ethical considerations specific to clinical rehabilitation counseling
	Practice
3.a	Diagnostic interviews, mental status examinations, symptom inventories, psychoeducational and personality assessments, biopsychosocial histories, assessments for treatment planning, and assessments for assistive technology needs
3.c	Strategies to advocate for persons with disabilities

#	School Counseling Primary Area of Competency
	Contextual Dimensions
2.b	school counselor roles in consultation with families, P-12 and postsecondary school personnel, and community agencies
2.g	characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders
2.n	legal and ethical considerations specific to school counseling
	Practice
3.f	techniques of personal/social counseling in school settings
3.h	skills to critically examine the connections between social, familial, emotional, and behavioral problems and academic achievement

Note on Internship

Students who have successfully completed this course are prepared to progress to CHRD 794 Counseling Internship. Students must submit an internship application the semester before they plan to begin; this is typically the semester they are enrolled in Practicum.

Application deadlines are based on administrative and academic imperatives and are strictly enforced. Internship applications are due the semester *before* the student plans to enroll in internship.

Semester of Internship	Application Due Date
Fall	July 1
Fall (<i>School Counseling students</i>)	April 1
Spring	November 1
Summer	April 1

Late Applications

If you know your application may be late, contact the appropriate Internship Committee member to make arrangements. Students that submit an application after the deadline has passed and did not discuss the situation with an Internship committee member in advance will be required to attach a written statement to their application explaining why their application was late. NOTE: applications submitted late take longer in the approval process due to time restraints and may be denied.

Please refer to the internship handbook for more detailed information at sdstate.edu/counseling-and-human-development/internship-forms.

Professional Liability Insurance Requirement

All students pursuing the Master of Science in Counseling and Human Resource Development are required to have Professional Liability Insurance through the duration of their program that provides professional liability limits up to \$1,000,000 per claim, up to \$3,000,000 annual aggregate. There are two options for acquiring this insurance:

1. Faculty strongly encourage that all students become student members of the American Counseling Association for professional development and to acquire free professional liability insurance. ACA's website is counseling.org/Students/.
2. CPH & Associates offers student liability insurance for approximately \$25.00/year; the website is cphins.com. Should students choose this option, be sure your coverage is as stated above.

Student Conduct

Practicum is a demanding course in that students are asked to take on the role of a professional counselor which entails the provision of individual, family, or group counseling services, and perhaps community education workshops.

Rights and Responsibilities

Appropriate professional behavior and presentation of self is always expected, however, policies and procedures may differ among the faculty. Students are expected to come to class prepared. Each faculty has specific expectations which are detailed in course syllabi. Students will be expected to have reviewed their recordings and completed progress notes. Students will be asked to show their work in class and should be prepared to on a regular basis. Certain basic ground rules must be adhered to during CHRD 786:

1. Appointments with clients must be kept promptly. In the event of illness or emergency, the counselor must notify the client of any change in appointments.
2. Client records must be accurate, complete and properly safeguarded.
3. Faculty must be notified immediately if a client is threatening harm to self or others or appears at risk for such behavior. In this way an appropriate course of action can be identified.
4. Students have responsibility for seeking supervisory help with cases in which they question their own effectiveness. For instance, students may recognize that they are struggling with their own reactions to clients' presenting problems, values, race, sexual orientation, or to other factors pertaining to the counseling relationship. When this occurs, students should request supervision to address these difficulties.
5. Faculty may routinely suggest various strategies or approaches that students may employ with clients. In some circumstances, faculty, because they are ultimately accountable for the service provided by CHRD 786 students, may instruct students to take particular action to ensure the well-being of clients. Faculty should make clear that they are outlining requirements. In such circumstances, students may disagree but must comply with faculty instruction.

Student Rights and Responsibilities

Students have the right to:

1. know the criteria for evaluation in the course and to receive progress evaluations from the instructor on a regular, systematic basis;
2. know the expectations and procedures of the practicum instructor;
3. expect supervision and feedback in the management of cases on both regularly scheduled and case need based;
4. know the procedures which they are expected to follow for handling emergencies;
5. ask questions regarding the counseling process and appropriated options for handling cases; and
6. have a full explanation of the rules and regulations of the Counseling and Human Resource Development (CHRD) program which pertain to the operation of CHRD 786.

Students are responsible for:

1. prompt, regular attendance in practicum;
2. providing clients with quality counseling that meets professional standards of care;

3. adequately preparing for class and counseling sessions;
4. demonstrating an openness and receptivity to clinical supervision and a willingness to work toward professional growth;
5. documenting one hour per week of individual supervision and one and one half hours of group supervision;
6. requesting additional supervision as needed;
7. consulting the faculty supervisor regarding any problems with cases or client emergencies;
8. establishing and maintaining complete client records in a timely and professional manner;
9. following the Ethical Standards of the American Counseling Association (ACA), American College Personnel Association (ACPA), American School Counselor Association Code of Ethics (ASCA), or the Commission on Rehabilitation Counselor Certification (CRCC); and
10. being aware of, and adhering to, established standards of practice related to legal issues (e.g. confidentiality and privilege, duty to warn, malpractice, negligence).

Faculty Rights and Responsibilities

Faculty has the right to:

1. determine the expectations and requirements of the practicum;
2. expect students' regular and punctual attendance in class;
3. evaluate students' performance based on the stated criteria of the practicum section in which students are enrolled;
4. expect students to follow directives when they are given;
5. reprimand students whose behavior is not consistent with the Ethical Standards of ACA, CRCC, or the policies and procedures of the Counseling and Human Development Department; and
6. determine the assignment and/or reassignment of cases based on the interface of students' skill levels and clients' concerns.

Faculty is responsible for:

1. clearly stating expectations, requirements and grading criteria;
2. informing students of the ethical responsibilities and standards of the profession;
3. informing students of legal issues related to the profession (e.g. confidentiality, duty to warn, minor clients, malpractice);
4. ensuring that students provide adequate disclosure to clients so that they make informed choices about entering and continuing in therapy;
5. ensuring that case records on each client are complete and present evidence of the adequacy of care provided;
6. overseeing all services provided by students by providing close, individualized supervision;
7. providing students with clear and specific assessments of skill development and their standing in the course at regular intervals during the semester; and
8. informing students, at the earliest possible time, when their work is not satisfactory and detailing specific changes required to successfully complete the course.

Student Evaluation, Review and Remediation Policy

Students are responsible for meeting all requirements of South Dakota State University, the College of Education and Human Sciences, and the Counseling and Human Development Department. More specifically:

1. Students must maintain satisfactory academic standing.
2. Students must adhere to the Academic Ethics Policies identified in the SDSU Student Conduct Handbook, the content of which is by this reference hereby incorporated within.
3. Students must maintain the standard of care as outlined in the [ACA ethical standards](#) and the [CRCC ethical standards](#); the content of which is by the reference hereby incorporated in.
4. Students must demonstrate functional competence in fulfilling the professional tasks and duties of the discipline.
5. Students are limited to two attempts to pass clinical courses; Group, Pre-Practicum, and Practicum require a 'B' to pass.

Student Evaluation

Evaluation is an ongoing process that begins with admission to the program and continues through a final comprehensive review. Students are periodically reviewed and evaluated on: interpersonal and intrapersonal functioning, personal insight, judgment, sensitivity, ethical behavior, attitude, and other qualities essential to becoming an effective professional counselor or student affairs professional. Accumulation of credits and satisfactory grades do not a guarantee successful completion of the CHRD program. Faculty strongly emphasize confidentiality of student evaluations among students and in faculty meetings. However, faculty cannot control information students may share with other students in a Practicum or Group experience.

Faculty take a serious view of professional obligation of mentoring students, providing assistance, supporting student's professional development, and student's graduation. However, in certain instances, a student's ability to function at the level expected is called into question. When this occurs, faculty members act in accordance with the standards of the profession. If a faculty member thinks a particular student needs remedial help; he/she will attempt to develop an informal plan with the student to address the problem. If either the student or faculty member thinks the plan is not helpful and/or has not taken care of the concern, the particular situation will be referred to the faculty practicum committee or discussed during the student review conference. The faculty practicum committee can create a formal remediation plan and serve as a committee providing evaluative recommendations to the department head during grade appeals. This information is privileged communication and will be kept confidential among the regular and adjunct faculty.

Student Review Conference

In addition to the evaluation that takes place as part of each course, faculty members meet once each semester to discuss the progress of all students currently enrolled in the program in regard to Professional Dispositions. All students in the program receive a letter describing their current status (e.g., good standing, good standing with minor conditions, such as plan of study needed) or statement of specific concerns (e.g. inappropriate behavior, etc.). As mentioned earlier, if an informal plan has not sufficiently addressed a student's remedial needs, the student review conference is used to discuss alternatives to address the issue.

The conference is intended to help resolve any problem that might hinder students' academic success or impede their ability to provide competent counseling services. One objective of the meeting is to determine a formal individualized written plan of action, if needed, that is satisfactory for the student and for the Department.

The nature of the problem and the individualized written plan for addressing the problem (including recommended remedial assistance as needed) are discussed with the student and faculty member. When mutual understanding is reached, copies of the plan are given to the student and placed in the student's file. In some cases, the student may be asked to take a leave of absence from the program or to terminate involvement with the program. In all formal individualized written plans, the Department Head is informed, and due process is observed to protect student rights and University responsibilities. In situations where action is deemed necessary, the CHRD remediation policy will be followed when carrying out the remedial plan.

Remediation Policy

In view of the seriousness of situations involving remediation, CHRD faculty has established this process:

- Step 1: A faculty member will raise the concern pertaining to the student during the student review conference or bring it directly to the Department Head. The faculty and/or Head will discuss options in executive session of the student review conference, to determine if a formal individualized written plan of action is necessary.
- Step 2: The nature of the problem and the formal individualized plan for addressing the problem (including recommended remedial assistance as needed) are written and discussed with the student to ensure mutual understanding.
- Step 3: If the student agrees to the written plan, it is then placed in the student's departmental file. In some cases, the student may be asked to take a leave of absence from the program or to terminate involvement with the program. In all formal individualized written plans, the Department Head is informed, and due process is observed to protect the student rights and University responsibilities.
- Step 4: Once the plan has been successfully completed, a formal document stating the student has fully complied with the remediation plan and is considered in "good standing" in the program will be written and placed in the student's departmental and graduate file. If the student does not successfully address the items specified in the remediation plan he or she will be advised to leave the program.

The Practicum Experience

Supervision

Students are closely supervised by faculty through both in-class review of student work and individual weekly supervision. A ratio of five students to one faculty supervisor shall be considered equivalent to one standard course workload assignment. Each student is responsible for actively participating in such supervision, preparing for supervision meetings in advance by reviewing recordings and completing progress notes for clients and generating questions for the supervision sessions. Students are expected to be responsive to faculty guidance. This is demonstrated by an open, interested demeanor during supervision and by completing any additional assignments suggested. **Students are responsible for documenting supervision sessions and must complete the relevant form(s).**

The supervision relationship is a hierarchical one in which the supervisor assumes some responsibility for the practicum student's behavior with the client. Supervision is an integral part of a counselor's professional growth and development. Obtaining supervision from a qualified, experienced professional is advisable after graduation and beneficial throughout your career. Some of the benefits of supervision include obtaining:

1. assessment regarding specific professional strengths and weaknesses;

2. assistance in developing strategies for using and/or improving these areas;
3. assistance in examining client and counselor dynamics;
4. consistent model of counseling practice; and
5. clinical expertise that are beyond one's own current level of understanding or skill. It is assumed that in most cases the beginning practicum student has little or no experience with clients and needs guidance to develop both counseling experience and professional habits.

Evaluation

Criteria for evaluation include:

1. regular attendance;
2. maintenance of complete and accurate case records;
3. conduct becoming of a professional counselor, including being on time, being prepared, and professional presentation of self and skills;
4. case presentations;
5. active participation in class presentations and discussions, supervision meetings, and other consultation sessions; and
6. demonstration of process and development of core counseling skills through audio/video recordings and/or live supervision in both individual and group settings.

Please refer to the Student Evaluation form as well the course syllabus for additional requirements assessed by faculty.

Confidentiality

Information known about clients must remain confidential. In order to ethically or legally release any information about clients, including whether or not they are or ever have been clients, students must obtain written permission from clients which specifies to whom information may be released and what may be released (see *the Release of Information Form*).

If clients are seeking services from another professional after terminating with you, the professional from whom services are sought must forward a release signed by the client. Do not release information until you have obtained and filed a signed release.

The following has been taken from the [ACA Code of Ethics](#) (2014) in regards to client confidentiality:

Section B.1.a. Multicultural/Diversity Considerations: Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

Section B.1.b. Respect and Privacy: Counselors respect the privacy of prospective and current clients. Counselors request private information from clients only when it is benefit to the counseling process.

Section B.1.c. Respect for Confidentiality: Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification.

Section B.1.d. Explanation of Limitations: At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached.

Section B.6.a. Creating and Maintaining Records and Documentation: Counselors create and maintain records and documentation necessary for rendering professional services.

Section B.6.b. Confidentiality of Records and Documentation: Counselors ensure that records and documentation kept in any medium are secure and that only authorized persons have access to them.

Consultation

There are a number of instances when it is important for a counselor to seek consultation with a physician, make a direct referral of the client to a physician, warn potential victims of threats of harm, or notify authorities. The practicum student must notify the faculty of such situations immediately and under the faculty's guidance implement and execute an appropriate plan of action.

Section A.11.c. Appropriate Termination: Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client or by another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pretermination counseling and recommend other service providers when necessary.

Section C.2.e. Consultations on Ethical Obligations: Counselors take reasonable steps to consult with other counselors,

the ACA Ethics and Professional Standards Department, or related professionals when they have questions regarding their ethical obligations or professional practice.

When to seek faculty consultation

Students should seek faculty consultation if they:

1. are potentially engaged in dual relationships with clients;
2. suspect that they made some error that could negatively impact the course of the counseling relationship; and/or
3. are puzzled by their own behavior or feelings or those of their clients, particularly when they suspect clients of having personality disorders.

Direct and Immediate Faculty Involvement

Students should seek immediate faculty involvement for clients who:

1. are experiencing such extreme emotionality that they cannot function enough to care for their basic needs (psychotic individual, the severely anxious clients, and the extremely depressed person are included in this category);
2. are suicidal to the extent that there is serious and foreseeable harm;
3. are homicidal to the extent that there is a serious and foreseeable threat to others (such threat may be either an implied or directly expressed intent to do harm to others);
4. report or imply child abuse;
5. are taking medications that appear to be adversely affecting their emotions or that appear to be producing toxic reactions;
6. are currently prescribed psychotropic medications and are considering discontinuing such medications without physician approval;
7. are self-medicating; and/or
8. make you concerned for your own safety.

Referrals

Referrals are in order when the services provided by practicum students do not appear sufficient or appropriate for effectively addressing clients' problems or needs. Referrals may also be necessary when students are ethically and legally bound to report specific information (*see the ACA Code of Ethics above*).

When emergencies arise with clients, students must immediately inform the faculty supervisor who will determine the course of action to be taken. Referrals may be made to a private physician, a psychiatrist, community mental health agencies, social services agencies, rehabilitation agencies, or any professional or agency deemed appropriate to meet the needs of the client.

Emergencies are, in most instances, considered properly referred when clients are:

1. in the custody of a family member who takes responsibility for the client; or
2. in the custody of a Licensed Professional Counselor, psychologist, or M.D. who takes responsibility for the client; or
3. in the custody of police.

Required Counseling Hours

Students should expect to commit many hours to clinical session and class preparation, case review, and course work documentation. Students are required to complete a minimum of 100 hours of in-class participation, individual, family, and group counseling services, and individual and group supervision. Of these 100 hours, a minimum of 30 should be of individual or family counseling and a minimum of 10 hours of group counseling.

Students are responsible for documenting the counseling services they provide and must submit an Individual and Family Counseling Services Log, a Group Counseling Log, and a Practicum Clock Hour Summary Sheet to the faculty at completion of the course.

Obtaining Clients and Informed Consent

Practicum students are not permitted to solicit friends or family members or students in the CHRD Program to serve as their clients for this course.

Students are responsible for identifying and recruiting their own client case loads and are encouraged to work cooperatively with one another. Historically, many students have found it successful to solicit clients from the undergraduate student population. Faculty will assist students when possible in identifying potential avenues for recruiting clients, but the primary responsibility for doing so rests with students.

Section A.2.b. Types of Information Needed: Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor's qualifications, credentials, relevant experience, and approach to counseling; continuation of services upon the incapacitation or death of the counselor; the role of technology; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis and the intended use of tests and reports. Additionally, counselors inform clients about fees and billing arrangements, including procedures for nonpayment of fees. Clients have the right to confidentiality and to be provided with an explanation of its limits (including how supervisors and/or treatment or interdisciplinary team professionals are involved), to obtain clear information about their records, to participate in the ongoing counseling plans, and to refuse any services or modality changes and to be advised of the consequences of such refusal.

In compliance with ACA ethical standard above, students are required to explain the nature of the counseling relationship. Because the CHD Department is a training site, students must inform clients about:

- their student status;
- that all sessions are supervised by CHRD faculty;
- that supervision entails recording sessions, review of client files and progress notes, assistance as needed with cases; and
- that consent for counseling services and contracts may not extend beyond the semester.

Once these conditions are explained, the client's signature must be obtained on the Informed Consent Form. **Please note:** Students are responsible for providing their clients with their contact information. Do not advise clients to call the department office for session cancellations or any other reason.

Establishing a free phone number, such as through Google, is strongly recommended for communicating with clients.

Client Files

In accordance with the ACA ethical confidentiality standards, all records concerning counselor-client relationship must be treated with maximum concern. In situations where students are completing hours at specific sites that have its own policies and procedures, the general guideline is to follow those guidelines including the format of notes, records, etc. In all other situations, students will follow current professional guidelines in entering and creating client files through TherapyNotes. When using TherapyNotes, all files will be electronic and entries will be made in secure locations. The electronic files created must contain the following:

1. Informed Consent for Counseling Services
2. Client Intake
3. Client Contact Log
4. Progress Notes for each session (see recommended DAP format)

Some client files may also contain:

- Release of Information
- Progress notes or correspondence from other service providers
- Materials provided by client to student counselors.

Transportation of Confidential Information

When transporting sensitive information such as recordings, initial informed consent documents (prior to scanning & uploading to TherapyNotes), and digital files, a locked device must be used for transportation. For example, a locked box or briefcase of some type would meet the requirement. In addition, all digital files must be pass-coded and only loaded on TherapyNotes and erased after use.

Room Keys and Reservations

Keys that are secured on an SDSU lanyard for the counseling rooms can be checked out from the CHD department office for the semester with a security deposit of \$25.00. The student is responsible for the replacement cost (minus the \$25 security deposit) of any items not returned at the end of the semester.

Students schedule their sessions via the Counseling Room Reservation Binder in the CHD department office or through a scheduling program as discussed in class. The rules for making a reservation are:

1. Verify a room is available *before* scheduling the session at least a day in advance. Sessions may only be scheduled two weeks in advance
2. Sessions are scheduled on the hour, for example 1:00-2:00, not 1:30-2:30.
3. If a session is cancelled, make the correction in the reservation binder.
4. Do not erase another student's reservation.

Recording Sessions

Section B.6.c. Permission to Record: Counselors obtain permission from clients prior to recording sessions through electronic or other means.

Students are to obtain permission from clients to record their work for review and presentation to their classmates and to faculty. These recordings must be kept secure to protect the client's confidentiality. Students must also take appropriate steps to secure all documentation and client files in accordance with the guidelines described above, and to erase or destroy client recordings in a timely manner or at the end of the semester.

Community Referral Sources

Emergencies

If an emergency exists or if there is a possibility that an emergency will develop with a client, the faculty supervisor should be contacted to assist the student in considering the following referral sources:

- Brookings/Rapid City Police Dept 911
- Brookings County Sheriff Emergency(605) 692-5212
- Pennington County Sheriff Emergency (605) 934-2151

Main Campus: Brookings

- Children's Protective Services (605) 688-4330
- 24 Hour Drug Helpline..... 1-800-333-2294
- Suicide Prevention Helpline..... 1-800-333-4444
- Alcoholic's Anonymous(605) 692-6070
- Domestic Abuse Shelter (605) 692-7233
- RapeCrisis(605)692-7233
- BrookingsFamilyResourceNetwork..... (605) 688-5730
- SDSU Health Service(605) 688-4157
- (605) 688-5588
- SDSU Counseling Center..... (605) 688-6146

West River Campus: Rapid City, SD

Children's Protective Services	(605) 394-2434
24 Hour Drug Helpline.....	1-800-333-2294
Suicide Prevention Helpline.....	1-800-333-4444
Alcoholics Anonymous.....	(605) 394-9214
Women Against Violence.....	(605) 341-4808
Rape Crisis	(605) 341-4808
Black Hills Legal Services	(605) 342-7171
Behavioral Management Services.....	(605) 342-4303
Youth & Family Services Hotline	(605) 342-4303

Sioux Falls General Area

Counseling

Lutheran Social Services (Sliding fee)	357-0131 or 1-800-568-2401
Volunteers of America Life-marks (Sliding fee)	332-6128 or 334-1414
Southeastern Behavioral Healthcare (Sliding fee).....	336-0510
Marriage and Family Therapy Center (Sliding fee)	334-2696
Stronghold Counseling Services	334-7713
Knapp Counseling and Associates (Sliding fee)	373-9330
MentalHealthAssociates	339-6949
Midwest Psychiatric Medicine.....	322-7580
University Psychiatry Associates.....	322-5700
Wellspring Therapy Center.....	335-1516
Dakota Psychological Center	373-9066

Abuse/Victim Issues

Children's Inn.....	338-4880
Mita Maske Tiki/My Sister's Friend's House	731-1950
Rape & Domestic Abuse Center	339-0116 or 1-877-IN-CRISIS
Family Violence Project.....	339-0116
Minnehaha County Victim Witness Assistant.....	367-4226
South Dakota Crime Victim's Compensation.....	1-800-696-9476

SD Dept. of Social Services

Child Protection.....	367-5444
Adult Services.....	367-5400

Crisis Lines

HELPLINE + General knowledge	211 or 1-877-708-4357
Avera McKennan Hospital.....	322-4065 or 1-800-691-4336
Sanford Hospital	328-4777 or 1-888-996-4673

Special Needs

Adoption: Lutheran Social Services	336-3347 or 1-888-201-5061
Credit Counseling Services: LSS	330-2700 or 1-888-258-2227
American Indian Services	334-4060
Pregnancy: Bright Start	367-5360
East River Legal Services	336-9230

Mediation

Turbak Conflict Resolution	336-7739
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Basic Needs

Community Outreach.....	313-3935
Minnehaha County Welfare.....	367-4217
Salvation Army.....	338-6649
South Dakota Economic Assistance.....	367-5500

Free Medical

Heuermann Counseling Center.....	336-1974
Avera McKennan Healthcare Clinic	322-6800

Food

Banquet	335-7066
Food Service Center/Pantry	335-6921

Housing

St. Francis House	334-3879
Union Gospel Mission.....	334-6732
Interlakes Community Action/Homeless Program	334-2808

Substance Abuse/Treatment

Keystone Outreach	335-1820
Carroll Institute Treatment Services.....	336-2556
Avera McKennan Outpatient Services	322-4079
Counseling Resources.....	331-2419
First Step Counseling.....	361-1505
Lutheran Social Services (<i>assessments only</i>)	357-0131 or 1-800-568-2401

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