PSYCHOLOGY BEYOND THE CLASSROOM

A Practicum Report

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By

Cori Lee-Anne Carey

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Abstract

The practicum report to follow has been completed in partial fulfillment of the requirement for the degree of Master of Education in Educational Psychology – Practicum Route 2 Counselling. This report reviews my background in the study of psychology, my preparation for a practicum, the setting of my practicum at Family Service Regina, and my practicum experience. Particular attention has been paid to a shift in perspective that I experienced during my undergraduate studies that led me to choose counselling psychology and the ways in which this new perspective matured during my practicum work. Additional attention is paid to the expectations and goals that I held prior to the commencement of this practicum and the learning and growth that was realized as the result of this experience.

Key words: practicum report, Family Service Regina, Educational Psychology

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Dedication

I truly believe that very little in life is an individual endeavour. I therefore wish to dedicate this work to those who have walked this path with me. Specifically, I would like to acknowledge my husband Lee and sons Aidan and Jake who have shown patience and support as I have worked to balance my home and school responsibilities. They have been a continuing source of support, love, and encouragement. My education would not have been possible without my parents, Alex and Linda, to whom I often turned for a sounding board and source of encouragement. Finally, I could not have completed my practicum experience without the diligence, loyalty, and patience of my best friend, Pam. This report is dedicated to all who have carried me, fostered me, and guided me through my University experience.

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List of Abbreviations

FSR	Family Service Regina
OQ45	Outcome Questionnaire
ACT	Acceptance and Commitment Therapy
CPA	Canadian Psychological Association

Introduction

The following practicum report has been prepared in partial fulfilment of the requirements for a Masters Degree in Educational Psychology (practicum route – counselling) from the University of Regina. The following is a brief review of the processes and experiences that led me to pursue a Master's degree in Educational Psychology and more specifically a practicum placement at Family Service Regina (FSR). The report concludes with an overview of Family Service Regina, a thorough description of my practicum experience, and my personal reflection on the learning and growth I have experienced as a result of the pursuit of a counselling practicum.

Background

A significant portion of my early adulthood was spent as a full-time mother to two young sons. At three-years-old, my youngest son was diagnosed with a terminal illness. His diagnosis and subsequent treatment needs represented the greatest adversity I had yet faced. As my husband and I navigated through this difficult time, I marvelled at the differing approaches to adversity that those around us employed. Perhaps for the first time, I realized that a myriad of factors influence an individual's perceptions, attitudes, and resilience. I began to develop a desire to understand these myriad factors with the hopes of analyzing and influencing my own perceptions, attitudes, and resilience.

After I became acclimated to the management of a family with diverse and challenging needs, I elected to pursue an education. My decision was also motivated, in part, by the varying reactions of those in our lives at the time of my son's diagnosis. I applied to and was accepted into the Faculty of Arts to major in Psychology. My goal was

to better understand the differing approaches that people take to life and how these approaches influence daily emotional functioning and global emotional wellbeing.

Throughout my undergraduate work I felt fully engaged in the process of understanding the history, theories, and application of the varying principles of the field of psychology. I found myself particularly drawn to developmental psychology relative to the differing experiences and perceptions of children and youth. I was likewise drawn to psychopathology and the broad field of abnormal psychology. I developed a strong desire to further understand how responses to adversity, perceived or realised, could influence the development of some of the more common psychological disorders (e.g., Major Depressive Disorder and the anxiety disorders).

In pursuit of my interest in psychopathology, I applied for and was accepted into the Honours program under the supervision of Dr. Nick Carleton. An Honour's degree differs from a standard Bachelor of Arts degree in that recipients are required to complete specialized courses (i.e., relative to conducting psychological research, the history of psychological theory, and advanced statistics for the social sciences), complete independent psychological research, and submit a thesis expounding the research conducted. I completed my Honours work during a period spanning the third and fourth years of my undergraduate studies.

My Honours work was conducted in the Anxiety and Illness Behaviours Lab at the University of Regina. In pursuit of my interest in psychopathology, I conducted research exploring the relationship between intolerance of uncertainty, a demonstrated cognitive vulnerability factor across anxiety disorders and depression (Carleton et al, 2012), and Health Anxiety. I presented my research at the Anxiety and Depression Association of

America annual conference in San Diego, California. My Honours research later formed the basis of an article published in the online journal *Cognitive Behaviour Therapy* (Fetzner et al., 2014).

In the midst of my exploration of psychological disorders, I had the opportunity to enrol in two classes that dramatically shifted my approach to psychology as a standardized field of practice. Prior to my honours work, I perceived psychology as an answer to questions of human behaviour and functioning. I believed that asking the right questions would result in the correct answer and believed there to be a concrete and universal application of psychological principles. My understanding was broadened during one seminal semester when I completed classes in Cross-Cultural Psychology and Humanistic Psychology.

Through an exploration of Cross-Cultural Psychology, I came to understand that psychological experiencing is not universal. Variances in resilience and culturally-dictated values alter the experience and expression of psychological phenomena (Watters, 2010). For example, while rates of Post-Traumatic Stress Disorder rise dramatically following a natural disaster in North America (Galea, Nandi, & Vlahov, 2005), this same trend was not observed following the tsunami that devastated Sri Lanka (Watters, 2010) in 2004. The concept of psychology as a fluid expression of experiences filtered through a cultural lens shook my belief in the universal applicability of psychological theory. In concert with the pursuit of Cross-Cultural Psychology, my class in Humanistic Psychology opened my eyes to psychology as a wellness practice as opposed to a treatment-based practice founded on an illness-model. I began to be drawn to the pursuit of a fluid approach to therapy that promotes proactive wellness in psychological functioning. I was increasingly finding

myself disenfranchised by the dogmatic pursuit of an illness-based application of psychology as I believed to be espoused by graduate programs in clinical psychology.

With a newly-formed, individualized conception of psychology as a proactive, wellness based practice, I applied to and was accepted into a graduate course of study that I believed would allow me to pursue a broader range of psychological theory founded on a wellness model. Masters classes in counselling technique and multicultural healing proved to reinforce my ever-developing conception of psychology and supplemented the learning in psychopathology and neuropsychology that I was pursuing. My Masters classes allowed me to obtain a well-rounded education that supported my wellness approach while ensuring that I was prepared for clinical practice with an understanding of psychopathology and human development and functioning.

Preparation for Practicum

My challenge in arranging a practicum placement was to find a setting in which my fluid, strengths-based approach could be expanded upon and flourish. After much research, I discovered Family Service Regina, which espouses a solution-focused approach to therapy (Family Service Regina website, 2016). Initial discussions with Ray Pekrul, MSW, Counselling Supervisor at FSR, confirmed my belief that FSR would provide me the opportunity to complete my practicum in a supportive setting surrounded by numerous counsellors who utilize a myriad of theoretical approaches to counselling.

With my practicum placement arranged, I conducted a skills inventory and found myself lacking in two key areas. I felt a decided lack of confidence in my ability to appropriately navigate the issue of suicide with potential clients. I likewise felt lacking in the area of conflict resolution, specifically when it might relate to couples counselling.

With several months of down-time before I would able to begin my practicum work, I completed the Applied Suicide Intervention Skills Training (ASIST) program where I learned to identify suicidal ideation, confidently broach the topic of suicide, and structure safety planning in coordination with a client. This training proved invaluable throughout the entirety of my practicum when, at times, one quarter of my caseload was comprised of clients displaying suicidal ideation.

To address the weakness in my conflict resolution skills, I completed the Resolving Conflict Constructively program offered through the Dispute Resolution Office of the Ministry of Justice. Through this program I developed the ability to identify the needs and interests of both parties involved in a conflict and to assume the role of a facilitator or mediator as opposed to being inappropriately directive. This training likewise served invaluable as I worked with couples facing the most difficult challenges of their relationships. Having met with my professional associate, Colleen Barss, and having addressed some apparent weaknesses in my counselling skills, I felt prepared to begin the practical portion of my Masters experience.

Practicum Goals

The primary objective of my practicum experience was the researching, observing, and practicing of a variety of counselling techniques and approaches under the supervision of a skilful supervisor. More specifically, my goals were a) the observation of intake procedures, b) the acquisition of appropriate record-keeping and session note-recording skills, c) development of an understanding of the fundamentals of establishing and monitoring outcome measures, and d) attendance and participation in weekly Counselling Unit peer supervision meetings and monthly staff meetings.

Practicum Setting

Family Service Regina is an accredited non-profit, community-based organization that has been in operation in Regina since 1931. On an annual basis, FSR serves more than 7,000 members of the community of all ages, ethnicities, genders, and socioeconomic statuses (Family Service Regina website, 2016). The mission statement for FSR is to "strengthen individuals, families, and communities through responsive leadership and innovative programs and services" (Family Service Regina website, 2017). Core values include respect and dignity, diversity, empowerment, innovation, accountability, and collaboration

The mission and core values espoused by FSR are broadly apparent across programming that is designed to meet the needs of many of the most vulnerable members of Regina society. The Teen Parent Program operates in partnership with the Shirley Schneider Support Centre to support teen parents in all aspects of their lives as they navigate adolescence with the unique challenges that young parenthood brings. Domestic Violence Services offers support, advocacy, counselling, safety planning, and accompaniment throughout the legal process to those impacted by domestic violence. Programming also includes the innovative approach demonstrated by the Art for the Heart program which offers group therapy in the setting of culturally-connected art instruction.

Counselling services are conducted by Master's level students and professionals who employ a vast array of theoretical approaches. Individual, couple, family, and group counselling services are offered to the community or as part of an employee assistance program. Subsidies are provided to community members who would otherwise not be able to afford counselling services so that financial strain does not serve as an impediment to the

accessing of vital wellness services. Walk-in counselling is offered free of charge twice weekly to provide community members with immediate access to counselling services. The potential to work with a community population who might otherwise be unable to access mental wellness services and the broad range of presenting concerns that they bring is one reason that I chose FSR as a place to gain valuable practical experience.

Practicum Experience

Overview

My practicum began on February 6, 2017 and ended on June 30, 2017. I was accepted as and participated as a supervised member of the counselling unit at FSR. Throughout my practicum term, I built a counselling caseload of 27 clients ranging in age from 9 to 72 and provided walk-in counselling services twice weekly. As a member of the counselling unit, I attended and participated in weekly Peer Supervision Meetings, monthly General Staff Meetings and the annual staff retreat. Learning, experience, and feedback were monitored and explored at weekly supervision meetings with my professional associate.

Responsibilities

My primary responsibility as a practicum student at FSR was to provide counselling services to clients gleaned from the waitlist and to clients accessing walk-in services. During the first week of my practicum, I spent time becoming oriented to the procedures of FSR through a review of the policy manual, attending orientation with the office manager, shadowing the intake worker, and consulting with a number of counselling unit members. As a means of familiarizing myself with the record-keeping procedures and outcome measures utilized at FSR, my professional associate provided me access to the electronic records of a cross-section of her active clients. This exercise served to reinforce the importance of goal-

setting at the beginning of a client relationship as well as familiarizing me with the language of record-keeping. In preparation for providing walk-in services, I reviewed a number of articles related to the single session model of psychotherapy and received orientation related to the paperwork and procedures of both walk-in and on-going counselling. These activities helped to prepare me for active client counselling which began with walk-in counselling near the end of the first week of my practicum.

As a non-profit organization offering fee subsidy, services at FSR were in high demand. The wait for on-going counselling services was approximately 10 weeks when I began my practicum with approximately 30 individuals and couples awaiting services at any given time. Clients interested in on-going counselling were selected on a first-come-first-served or priority basis from the waitlist. Once selected, I contacted clients to assess their current level of interest in obtaining counselling services and to conduct a fee assessment prior to the commencement of services. Initial contact always entailed an explanation of my status as a student under supervision while allowing opportunity for the client to decline services. Initially I felt quite nervous contacting clients to arrange counselling. I felt concerned that they would be reluctant to meet with a student or would be upset about the length of the wait since the intake assessment was conducted. My experience was that clients were friendly, shared no hesitation about my status as a student, and felt excited to begin counselling.

I began counselling work with clients with a review of the concerns that led them to seek counselling. Although I anticipated that the majority of my clients would present with concerns of anxiety or depression, I did not find this to be the case. Throughout the course of my practicum, I worked with clients with concerns which also included: obsessive

tendencies and stalking behaviour, grief, trauma recovery, domestic violence, terminal illness, addiction, active psychosis, relationship issues, and overwhelming stress. Quite often clients presented with a number of concerns and the establishment of goals at the outset of counselling helped to keep the work on track over the course of the therapeutic relationship. I made it a firm practice to review goals and progress every four sessions and was surprised at how frequently client goals shifted or changed altogether between the first and fourth sessions.

Practical counselling experience for me began with walk-in counselling during my first week. Although I received no theoretical training on a single-session model during my undergraduate or graduate studies, I felt that the limited research and training that I had experienced in my first few days at FSR helped to orient me toward the differences in therapeutic approach. One example of these differences is apparent in the opening of a single-session meeting. I was counselled that it is best to include the limits of time in the introduction as a means of reminding the client of the need to remain focused on the piece for which they are most seeking assistance. After reviewing informed consent, I often began walk-in sessions with the phrase, 'Given the time we have today, what are you hoping to accomplish by the end of the hour?'. My experience was that introducing the session in this manner helped clients to prioritize their concerns and provided clear direction for the session.

As a means of assessing current levels of distress, various metrics were employed. At the beginning of walk-in sessions, I asked clients to complete the Outcome Rating Scale (Appendix A) by placing a slash mark on each scale at a point that represented their current level of functioning in the related area. For the purposes of assessing my on-going efficacy and fit as a walk-in counsellor, I asked clients to complete the Session Rating Scale

(Appendix B) at the conclusion of our sessions using the same procedure as utilized for the Outcome Rating Scale.

Assessments relative to current levels of distress were also employed for those utilizing on-going counselling services. Clients arriving for an initial session were provided with the Outcome Questionnaire 45 scale (OQ45) which measures current levels of distress across varying domains of an individual's life. This measurement was also provided to clients when they arrived for their fourth session. At this session, I reviewed the goals established at the commencement of counselling and compared current levels of distress to those expressed on the OQ45 before counselling started. This method of outcome measurement allowed for a collaborative review of the efficacy of current work and the honing of therapeutic approaches to best meet client needs.

Intake Procedures

For clients seeking ongoing counselling at FSR, the intake worker is the first point of contact. I spent an entire day during the first week of my practicum shadowing the intake worker and familiarizing myself with the intake process. I often consulted with the intake worker regarding my clients prior to our initial meeting with the understanding that she was the first point of contact and she was therefore the only other person to have personally heard their concerns. Such consultation allowed me some advanced preparation relative to therapeutic approach prior to our initial meeting.

Intake procedures begin with a rudimentary sorting process. Clients calling for counselling services tend to fall into four categories: those seeking access to counselling through an Employee Assistance Program, those covered through private or workplace insurance or otherwise capable of paying the full fee, those requiring a substance abuse

assessment, or those seeking community counselling services. Counsellors at FSR hold varying qualifications to meet the needs of the four categories of counselling services. The entirety of my ongoing clients originated from the community counselling waitlist.

The intake interview as conducted by the intake worker is documented on the Registration and Enrolment form (Appendix C). The intake worker, who holds a Bachelor degree in Social Work, reviews the reasons for seeking counselling, any past or current therapy, medication use, and suicidality. Those unsuitable for community counselling services are those with active criminal charges, those in active psychosis, those with unmedicated Borderline Personality Disorder, children under the age of 6, those with active addiction concerns, and couples in an active domestic violence living situation. Clients seeking counselling at FSR who fall into one of the above noted categories are referred to other community resources that are established to meet their more specific needs.

Upon completion of the intake assessment, the Registration and Enrolment form is stored in the waitlist binder until it is reviewed by a counsellor seeking new clients. It is from the waitlist binder that I began building a caseload. Although counsellors are asked to choose clients on a first-come/first served basis, I carefully reviewed all of the Registration and Enrolment forms, with permission, before selecting my first several clients. I had a desire to ease myself into counselling with clients presenting with straightforward concerns. I very quickly came to realise that such clients tend not to exist. This realization coupled with my expanding counselling experience gained through walk-in counselling gave me the confidence to begin drawing Registration and Enrolment forms from the top of the waitlist regardless of presenting concerns.

Report Writing

Family Service Regina utilizes the record-keeping software system, CaseWorks. This system is designed to maintain contact information, session notes, outcome measurement results, and other relevant information for each client. Initial session notes are recorded as an assessment and service plan and allow for the recording of goals established in collaboration with the client, anticipated number of sessions required to meet those goals, the client's background, the counsellors assessment of the concerns, and the therapeutic approaches likely to be employed. Initially, I felt quite inadequate when attempting to determine the most effective therapeutic approach for each client and felt bound to use whatever approach I had indicated as appropriate on the assessment and service plan form. After raising this issue in a supervision meeting with my professional associate, I felt more comfortable using this feature as a potential guide rather than a prescribed course of action.

Additional sessions are recorded in CaseWorks on the Client Contact Form. Despite the case review and the training that I had been provided, report writing was initially a source of concern and disappointment for me. I struggled in that I had a tendency to provide only a narrative review of the session. I knew that more detail regarding the therapeutic work accomplished was necessary but I struggled to find appropriate ways of conveying this. As part of the supervision process, my professional associate reviewed my session-notes for the first several weeks of my practicum. Recognizing my struggle, she counselled me to focus my writing on the processes of the session and the outcomes. By following this counsel, I began to develop the ability to produce session notes that appropriately reflected the entirety of the session including the therapeutic work accomplished.

Group Facilitation

My practicum experience at FSR included the opportunity to co-facilitate a group therapy program for women who had experienced trauma. This group, known as Art for the Heart, met for the purpose of providing mutual support while practicing creative expression based on Aboriginal traditions including beadwork and painting. My participation in this group allowed me to witness the strength that women can gain through mutual experiencing, sharing of life experiences and concerns, cultural connectedness, and creative expression. Art for the Heart met for three hours each Tuesday night for the entirety of my practicum.

Professional Development

General Staff Meetings were held monthly for the purpose of sharing organizationally-relevant information, planning, training, and coordination. I attended these meetings and participated as appropriate. It was particularly valuable to me to be part of a discussion regarding ethical concerns related to the broad array of communication tools available to counsellors. This discussion allowed me to consider more deeply the ways in which client confidentiality can be put at risk when communicating through email, text, Facebook messenger, or other forms of social media.

Peer Supervision Meetings were held every Thursday morning and became an invaluable source of learning and growth for me. At these meetings, counsellors met together for case consultation and training purposes. In the early weeks of my practicum I took advantage of the training and experience of the other counsellors in my unit by consulting with them about clients with whom I was struggling. Through such consultation, I was able to identify a potential boundary violation on the part of a client and was able to

respond appropriately when it occurred. Through these meetings I received additional training in working with adolescents, addictions counselling and available resources, adult ADHD, Sexual Addiction, and transgender issues. I quickly came to discover the strengths of my fellow counsellors and was able to consult with these counsellors to help guide my own practice.

Supervision

Prior to beginning my practicum, I held a fear that I would be set adrift during my practicum to find my way as a counsellor with a professional associate to occasionally warn me when I began veering off course. My experience at FSR was not the realization of this fear; it was quite the opposite. FSR is a very collaborate organization with a universal open-door policy. I felt very much at ease consulting with other counsellors and other practicum students regarding client concerns. Of particular help to me was another practicum student whose counselling experience was solely centered on walk-in counselling. Her understanding of the single-session model helped to guide me as I explored this method and became more comfortable switching between this method and the approaches utilized for ongoing counselling.

Additional Learning Opportunities

By virtue of my practicum placement at FSR, I was invited to attend a workshop coordinated by the Domestic Violence Unit. This half-day workshop reviewed the definition of domestic violence as well as key concepts to be understood by those working with victims in, escaping from, or affected by domestic violence. Discussion of safety planning and available resources proved invaluable for me later in my practicum as I worked with clients through walk-in counselling and ongoing counselling who were affected by domestic

violence. I felt better able to recognize the vital window of opportunity for seeking help and felt more competent counselling those in violent situations about their options for assistance.

The Counselling Experience

Theoretical Model

I chose FSR for a practicum placement because I sought a learning experience that would allow me to become familiar with and utilize a variety of counselling approaches in the setting of a variety of presenting concerns. My undergraduate experience taught me that there is efficacy in a number of theoretical approaches to counselling. The practical experience that I gained at FSR taught me that multiple theoretical approaches can be employed effectively across clients or over the course of work with one client.

My hope when entering my practicum experience was to experiment with a number of theoretical approaches and land on the perfect blend of approaches that felt just right for me. I would then have a personal, preferential style that could easily be employed for future clients. For the first several weeks, I spent much time researching and experimenting with theoretical approaches that seemed appropriate for the needs of my clients. In the end, I discovered that there was no perfect blend of approaches that would become my signature style. I came to believe that a truly integrated approach to therapy meant the therapeutic approach utilized in any given situation should be dictated by the needs of the client. This meant that a number of different approaches could be utilized across sessions with one client or even within a single session. An integrated approach to therapy necessitates a strong basis in a number of therapeutic approaches (Corey, 2013, Chapter 15) but provides tremendous freedom to effectively follow the needs of the client.

As previously stated, I entered my practicum with a naïve belief that the majority of the clients with whom I would be working would present with concerns related to depression or anxiety. I entered my practicum with a fairly solid understanding of Cognitive Behaviour Therapy and felt that this would likely be the most effective approach for most of my clients even though I had a desire to work from a more solution-focused perspective. I felt that I would be able to adequately blend the two. The reality of my practicum experience was that the needs of my clients were so varied and complex that much more research was necessary to build an appropriate base of approaches from which to work.

The first client I met with at FSR was a walk-in client, four days into my practicum. She arrived at walk-in with symptoms of active psychosis (i.e., hallucinations, delusions, recent hospitalization for psychosomatic stroke). I was aware that she would not generally be considered a candidate for counselling at FSR, but because walk-in clients are not subject to pre-screening, she was in my office and I had a responsibility to help in whatever way I could. Understanding that the limited approaches that I had prepared myself to utilize would not be effective in the current situation, I harkened back to my Humanistic Psychology class and opted to utilize a person-centered approach (Rogers, 1980). At that point, I felt that it was my responsibility to help the client feel heard, understood, and respected. A person-centered approach was often effective in a walk-in setting. Clients often entered with a need to talk out their concerns and feel heard. I also found a person-centered approach effective with a client who was recovering from addiction. He was managing his life very effectively and sought counselling as a means to check-in and to talk through his week. I gained a conviction of the efficacy of person-centered therapy when it is clearly warranted.

Logotherapy is an approach that I did not ever anticipate utilizing. I first learned about this approach in a Theories of Counselling graduate class. Founded by Nazi death camp survivor and psychiatrist, Victor Frankl, Logotherapy is based on three basic tenets: life has meaning under all circumstances, even the miserable ones; our motivation for living is our desire to find meaning in life; and humans have freedom to find meaning in what we do and what we experience (Frankl, 2006, Part II). Logotherapy became the primary therapeutic approach early in my work with a client who had recently been diagnosed with a terminal illness. Through the application of techniques related to finding meaning, she began to explore the ways in which her life continued to be fulfilling and valuable. Work on her comorbid anxiety was concurrently addressed using Acceptance and Commitment Therapy (ACT), which became a foundational approach for me.

An early and surprising realization for me was that many people chose to cope with their psychological distress through avoidance. This avoidance appeared to me to cause its own distress and I recognized a need to first help the client overcome avoidance before more intensive work could be accomplished. As such, I researched approaches aimed at addressing experiential avoidance and was led to Acceptance and Commitment Therapy.

ACT is founded on the understanding that pain and suffering are two distinct constructs and that an unwillingness or inability to tolerate pain leads to suffering (Hayes & Smith, 2005, pp. 1-6). In this respect, pain is natural and unavoidable but suffering is an option. Techniques learned through ACT helped me to assist my clients to sit with their pain, experience it without avoidance, and lessen their suffering. This was a particularly useful approach for a young client who suffered from anxiety that was significantly distressful enough to lead to periods of dissociation. ACT became a primary approach with many

clients. When clients became willing to experience their pain, we were better positioned to address the causes of that pain utilizing whatever therapeutic approach was warranted.

The single-session model of therapy was the primary approach to walk-in counselling. The single-session approach espouses a goal that every client leaves with something tangible on which to move forward (Cameron, 2007). The structure of a single-session meeting generally began with a brief period of time set aside for primary considerations (e.g., introductions, review of confidentiality and informed consent, setting of agenda including goal for the session). Primary considerations generally took less than 5 minutes to complete and flowed quite organically into the story-telling stage. The goals of this stage are to name the concern and explore and evaluate its effects. This stage generally took 30-40 minutes. It was during this stage that I needed to be most aware of time. It can be easy for clients to get stuck in this stage and become reluctant to move into the resolution-seeking stage. During this final stage, I would work with clients to explore their resources, supports, and skills, and discuss next steps. I have come to believe that the efficacy of a single-session approach lies in the ability it creates for clients to be heard, to externalize their concerns, and to explore concrete means of addressing those concerns. I found this approach so effective that I was occasionally able to employ it with clients who had been on the waitlist. As a result, some of these clients were able to meet, leave with some appropriate next steps, and then check-in several weeks later to evaluate the efficacy of their plan. The appropriate use of this approach allowed me to maintain more openings in my calendar with which to see new clients.

Ethical Considerations

Prior to the commencement of my practicum, I completed a graduate course in Ethics and Professional Practice. Through this course, I became familiar with the Code of Ethics of the Canadian Psychological Association (Evans, 2011). During my first week at FSR, I familiarized myself with the organizational policy manual in order to ensure that my own practice would be in keeping with both sets of ethical guidelines.

Informed consent was the first ethical consideration that I needed to consider in a practical manner. I knew that it was necessary for me to share with potential clients that I was a student and was under supervision as a means of allowing their consent to be completely informed (Appendix D). My initial concern about an inability to build a caseload in light of this disclosure caused me to reflect on this ethical necessity. As I overcame this concern, I became quite comfortable sharing my status as a student and never experienced rejection as a result. Knowing that my clients were fully informed about my status as a student allowed me the freedom to learn along with them throughout the course of our association.

Duty to warn is an ethical statute designed to keep those not directly involved with counselling yet associated with clients safe. Midway through my practicum, it became necessary for me to very carefully review this statute and its application to the partner of a client. My client was disclosing obsessive behaviours that he identified as stalking behaviours. He was very cognizant of them and was developing an understanding of their harmfulness but had not made his partner aware of the extent to which his behaviours had progressed. In consultation with another counsellor at FSR, I reviewed my client's case in light of this ethical consideration. We came to believe that the risk posed by the client to his

partner was not “clear, serious, and imminent” (Evans, 2011, p. 245). I felt that under these circumstances it would not be ethical to breach his confidentiality and instead opted to discuss the need for him to be open and honest with his partner about his situation as we continued to work to help him overcome these behaviours.

The most difficult ethical consideration that I encountered occurred following a session with a client who expressed ambiguous suicidal ideation in session. He refused help and left against my urging. Concerned for his safety, I felt conflicted about breaching his confidentiality by contacting his partner to request that she monitor him. After consultation with the counselling supervisor, I phoned the client on his cell phone to assure his safety. He assured me that he was safe and was touched by the caring that I showed by checking in on him. While I feel that I acted in the best interests of my client and in the manner that would best protect his right to confidentiality as well as his safety, the outcome for me was not favourable. As a result of my phone call to ensure his safety, the client developed an interest in me that breached the established client/counsellor lines. He ended our professional relationship in hopes of developing a personal one and sent an email professing his love and his hopes for ongoing contact. In light of his termination of our professional relationship, I did not feel compelled to respond to the email and made appropriate recordings of these events in his file for future counsellors.

My experiences with the varying ethical considerations of professional practice reinforced for me the need to regularly review the code of ethics and spend time pondering the reasoning behind these statutes. Had I not been aware of potential boundary issues, I may have found myself in a much more dangerous situation with a client. Had I not reviewed the statute relative to the duty to warn, I may have breached a client’s confidentiality and

disrupted his therapeutic progress unnecessarily. I came to understand in very clear terms that the CPA Code of Ethics is designed to protect both clients and counsellors.

Reflections

I feel confident that my practicum has provided me with a solid foundation of experience and understanding on which to build a counselling practice. I have gained an understanding of the very unique and individual nature of human suffering. Every client with whom I met was suffering for different reasons and had a different approach to their suffering. Every client required a unique and tailored therapeutic approach. My suspicions that a blanket approach to therapeutic intervention is ineffective were confirmed but I feel that I have softened somewhat in my disdain for a dogmatic, clinical approach. I continue to feel that a tremendous amount of suffering can be avoided through a proactive approach to psychological wellbeing, but I have come to learn that the interventional, therapeutic work must come before the skill-building work can be accomplished.

A client recovering from trauma must be aided in processing that trauma before work on resilience and self-compassion can be addressed. With this understanding, I have come to see how the two worlds of my psychological study fit together. The clinical study of my undergraduate work can help clients to process, heal, and understand their pain and suffering while the wellness study of my graduate work can help clients to build resilience, confidence, and perspective.

As the formalized portion of my learning draws to a close, I appreciate the opportunity I have had to learn how to learn. This learning has equipped me to continue to grow and progress into the future. The practicum experience has taught me how to research and apply varying theoretical approaches and has given me the confidence to continue to

research new and effective approaches to helping clients relieve their distress and experience life more fully.

Summary

After completing a five-month practicum at Family Service Regina, I am excited to conclude the formalized portion of my education. My undergraduate education began with a curiosity about the variability in human experiencing and my graduate education has ended with a deeper, practical exploration of this variability. I have had the opportunity to work with clients who have helped me to hone my counselling skills while challenging the bounds of my understanding and endurance.

I feel that I am concluding my formalized study of psychology having gained a well-rounded understanding of its history, varying theoretical approaches, and practical application of these approaches. This knowledge and experience will serve to inform my work as a private practice counsellor. My preparation for this role would not have been complete without the experience of applying theoretical knowledge in a nurturing environment under the supervision of a patient and engaged professional associate. I leave the University of Regina having accomplished my goal of better understanding human behaviour and having become qualified for a fulfilling career.

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Appendix A

Outcome Rating Scale

Caseworks file #: _____

Outcome Rating Scale (ORS)

Name _____ Sex: M / F/ T/ Other

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Individually
(Personal well-being)

I----------I

Interpersonally
(Family, close relationships)

I----------I

Socially
(Work, school, friendships)

I----------I

Overall
(General sense of well-being)

I----------I

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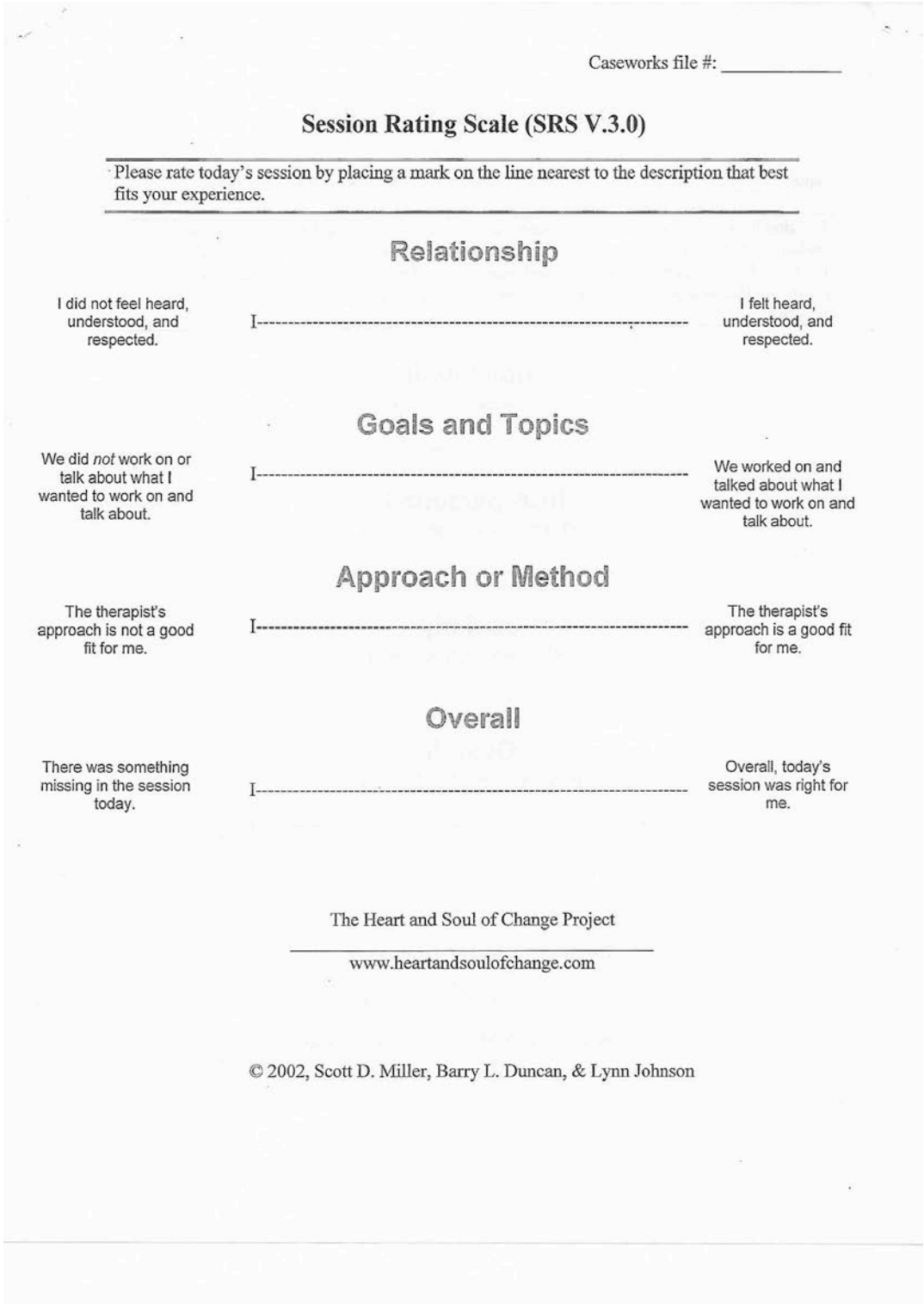
Appendix B

Session Rating Scale



Caseworks file #: _____

Session Rating Scale (SRS V.3.0)

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected. I---------- I felt heard, understood, and respected.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about. I---------- We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The therapist's approach is not a good fit for me. I---------- The therapist's approach is a good fit for me.

Overall

There was something missing in the session today. I---------- Overall, today's session was right for me.

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Appendix C

Registration and Enrolment Form Page 1

Case Works File #_____

Family Service Regina Client Registration & Enrolment (Intake & face Sheet)

Date of intake:_____ Intake Completed By:_____

Assigned Counsellor:_____ Date of First Session:_____

Quoted Fee per Session: _____ **Number of Session (EAP):**_____

Program: ☐ Counselling – Community ☐ Counselling – Social Service Direct ☐ EAP Counselling ☐ Counselling-Full Fee

Service Requested: ☐ Individual ☐ Couple ☐ Family (add Additional Members on Additional Member Form)

Client (Primary Member - Individual who made first contact)

Last Name	First Name	Middle Name	Date of Birth
Street Address	**City**	**Province**	**Postal Code**
		Saskatchewan	
Home/ Cell Phone (Circle)	**Work Phone**	**Email Address**	**Phone Alert: ☐ No Message**

Gender	Marital Status	Primary/Secondary Language	Ethnicity
☐ Female ☐ Male ☐ Transgender	☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widowed	☐ English ☐ French ☐ Other ☐ First Nation Language ☐ Unknown	☐ Caucasian ☐ First Nation ☐ Métis ☐ Visible Minority ☐ Unknown ☐ Inuit

Education Level: ☐ Elementary ☐ High School ☐ Post Secondary

Couple Association Name: _____

Last Name	First Name	Middle Name	Date of Birth
Street Address	**City**	**Province**	**Postal Code**
		Saskatchewan	
Home Phone	**Work Phone**	**Cell Phone**	**Phone Alert: ☐ No Message**

Gender	Marital Status	Primary/Secondary Language	Ethnicity
☐ Female ☐ Male ☐ Transgender	☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widowed	☐ English ☐ French ☐ Other ☐ First Nation Language ☐ Unknown	☐ Caucasian ☐ First Nation ☐ Métis ☐ Visible Minority ☐ Unknown ☐ Inuit

Education Level: ☐ Elementary ☐ High School ☐ Post Secondary

Contact Association Information

☐ Child Protection Worker ☐ General Physician ☐ Other Counsellor ☐ Psychiatrist ☐ Other_____

Name:	Phone:	Address:
Name:	Phone:	Address:

Payor (EAP Company, MSS Indirect Access)

FSEAP Agency/EAP Company Name:	Number of Session:
EAP Billing Number (Policy #):	MSS Indirect Access: ☐ SAP ☐ Previous Child Protection

Referral: ☑ Include referral Referred From: Check one

Inbound:		Internal:
☐ Self	☐ Family	☐ FSR – Counselling
☐ Addiction Services	☐ General Physician/Doctor	☐ FSR-Domestic Violence Outreach
☐ Child & Youth	☐ Lawyer	☐ FSR-Domestic Violence Victims Services
☐ Clergy	☐ Mental Health Services	☐ FSR-Domestic Violence Support Group
☐ Other Counselling Service	☐ MSS – Child & Family Services	☐ FSR-Domestic Violence Court Case Worker
☐ Crown Prosecutor	☐ Other Community Service/Agency	☐ FSR – EAP
☐ Employer	☐ Police / RCMP	☐ FSR – Teen Parent Program
☐ Friend	☐ Probation/Correction/Parole	☐ FSR – When Love Hurts
☐ Psychiatrist	☐ Regina Victims Services	☐ FSR – Single Session
☐ School	☐ Victims' Compensation	☐ FSR – SAP

Registration and Enrolment Form Page 2

Case Works File #_____

Family Service Regina Client Registration & Enrolment (Intake & face Sheet)

Referral Reason (Intake Details):

_____

_____

_____

_____

_____

_____

_____

_____

Wait List Priority

☐ None	☐ Time Sensitive-Critical Incident	☐ Time Sensitive-Pregnancy	☐ Time Sensitive-Terminal Illness

Wait List Comments (Indicate Here) - Counsellor Specified:_____ Counsellor Gender:_____

Type of referral or request for service: ☐ Voluntary ☐ Mandated ☐ Work Place Referral

Suicidal/Homicidal - Thoughts of Suicide/Homicide: ☐ Yes ☐ No If yes, Level of Risk: ☐ High ☐ Medium ☐ Low

Previous Attempts of Suicide ☐ Date of Last Attempt:_____

Current Medication: _____

Criminal Charges Pending: ☐ Yes _____
☐ No

Previous/Concurrent Therapist:

Name:_____

Date Last Seen:_____

MSS

MSS Contract Expiry (Month/Yr): _____

EAP

Employee name if different from client:_____ Referring FSEAP File: _____

EAP Client Status: ☐ Employee ☐ Spouse/Partner ☐ Dependent Child

Employee Status: ☐ Casual ☐ Part-time ☐ Full Time ☐ Retired ☐ Medical Leave ☐ Terminated ☐ Laid Off

For City of Regina Only:

City of Regina Union (To be gathered from Employee List – **Do Not Ask Client**): _____

Appendix D

General Counselling Information Sheet

Family Service Regina

General Counselling Information Sheet

Welcome to Family Service Regina. The following information will better help you understand our counselling service. Please review this information with your counsellor.

COUNSELLING
You and your counsellor will work together in a short-term, focused manner to help you identify goals for counselling and develop an appropriate plan of action to resolve present difficulties.

CONFIDENTIALITY
All information obtained by agency staff in the course of providing services to you will be treated in a confidential manner. No information pertaining to your situation will be disclosed to persons outside of Family Service Regina.

Exceptions to this policy are:

- Agency staff are **obligated** under the Child and Family Services Act to report all suspected incidents of child abuse (physical, sexual) to the Ministry of Social Services or a peace officer.
- Agency staff may, by order of a Judge under **subpoena**, be required to give evidence in a court of law.
- Where a client divulges that their intended behavior puts their own life or the life of another person at imminent risk, the agency is required to take action for the protection of this individual.
- At your written request.

INTER-AGENCY REFERRAL
You may authorize the agency to give personal information to other persons, counsellors or professionals assisting you.

TWO-PARTY COUNSELLING
Where two parties, (e.g. couple counselling) are receiving counselling services, each party must sign a Permission form before the agency can comply with a request to release information.

LEGAL PROCEEDINGS
The agency does not act as witness or give evidence or prepare reports in civil or legal proceedings on behalf of clients of Family Service Regina (e.g. divorce, separation or child custody actions).

TELEPHONES
Family Service Regina does not subscribe to "Call Display".

GRIEVANCES
If you feel that the services provided have contravened your personal/civil rights, you may lodge a grievance with the Chief Executive Officer.

CLIENT REVIEW OF RECORDS
The Agency is committed to the security of files. Clients may submit a written request to review the content of the file in the presence of a counsellor or Chief Executive Officer. If you disagree with the content or record contained, you have the right to submit a typed statement giving your view point and information, or any other information that is to be appended to the file.

Please turn over …

General Counselling Information Sheet Page 2

CLIENT RIGHTS
You have a right to:

- Speak to an Intake Worker, supervisor or the Chief Executive Officer within 24 hours of a request.
- Be informed before engaging in services, of the areas of expertise and practice of counsellors, program limitations, fees, waiting periods and relevant policies of Family Service Regina (such as client rights).
- Access services in a timely manner.
- Be accorded respect, confidentiality, patience and open communication when being engaged by Family Service Regina staff.
- Lodge a concern or grievance with the Chief Executive Officer about the service or manner of interaction experienced with Family Service Regina staff.
- Review your client record with a counsellor or the Chief Executive Officer as per policy.
- Request a change of counsellor.

CLIENT RESPONSIBILITIES
As a client, we ask that you:

- Actively participate in all aspects of your service
- Inform staff of any medical condition, disability, or cultural need that requires our awareness or accommodation in providing service.
- Treat others with fairness, honesty and respect, including maintaining privacy of other clients.
- Give your counsellor **24 hours notice** if you wish to **cancel or reschedule an appointment.**

To cancel an appointment, call 306-757-6675

**If you fail to provide our office with 24 hour notice to cancel or change an appointment or if you do not show up for an appointment you may be charged for the missed appointment.

FEE POLICY FOR COUNSELLING SERVICES
Although Family Service Regina receives grants for specialized needs, it is necessary that income be generated by counselling fees to cover the ongoing costs of the services. The full fee for counselling is $110.00. There is a subsidy for individuals and families who would find the full fee a hardship. NO ONE WILL BE REFUSED COUNSELLING BECAUSE OF AN INABILITY TO PAY A FEE. Your fee will be assessed by the Intake Counsellor during your initial intake, please pay what you can so that the services can continue to be available to everyone. Fees do not qualify for a tax deduction. Any difficulties arising from the setting and collection of fees can be brought to the attention of your counsellor or the Chief Executive Officer.

BEING THE BEST WE CAN BE
Your feedback about our services is very important.

We evaluate the clinical services we provide using your feedback about these services. You will be asked to complete our Client Satisfaction survey and our OQ outcome measure. Your participation will help us monitor and improve the quality of our service to our clients. A non-identifying overall summary of the results helps us demonstrate the value of our services. You are, of course, not obligated to participate. We will ask for your consent to complete these service evaluations.

General Counselling Information Sheet Page 3

General Counselling
CLIENT ACKNOWLEDGEMENT FORM

Section I: Consent to Receive Counselling

I/We have read and understand the **General Counselling Information Sheet**. I/We have discussed any questions with the counsellor.

Client Signature(s): _____ _____

Witness: _____ Date: _____

Section II: Client Questionnaires

We want to evaluate our services to make sure they have been useful to you and we want to improve our services for others. To help us with this we ask that you complete these questionnaires before you start counselling. You will be asked to complete the same questionnaires when counselling is complete. Your responses will help us to understand how you are doing right now and how the counselling has impacted your life.

Your individual information is confidential. A non-identifying overall summary of the results as a whole will be used to help us demonstrate the value of our services.

☐ I will, ☐ I will not complete impact of counselling questionnaires (OQ45)

☐ I will, ☐ I will not complete the client satisfaction questionnaire

Client Signature(s): _____ Date: _____