

FROM THEORY TO PRACTICE:
COUNSELLING PSYCHOLOGY IN COMMUNITY AGENCIES

A Practicum Report

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by

Amy J. Stensrud

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Abstract

The following report was written in partial fulfillment of the requirements for the degree of Master of Education in Educational Psychology (Route 1) from University of Regina. The report begins with a description of the path that led me to this field of study, my practicum goals, and the agencies that hosted my practicum work. The major focus of the report is a summary of my practicum experience, with particular attention to the theoretical underpinnings of the approach I took to counselling and the ethical considerations I encountered.

Key words: Educational Psychology, practicum report, Ehrlo Counselling Services, Family Service Regina

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Dedication

I am fortunate to have had the support of many people who helped to make the completion of my graduate studies possible. First and foremost, I wish to dedicate this report to my partner Mike, and my three sons, Mason, Adam, and Holden, for their unwavering patience and understanding over the past two years. They have sacrificed at least as much as I have to get to the finish line, and so it is with heartfelt thanks that I dedicate this report to them.

In addition to my family, I am grateful for the support of my dear friends, who stood behind me when I decided to upend my career to pursue a new one, and have continued to encourage me along the way. In particular, I want to dedicate this work to my best friend Jessica, whose wisdom, guidance, and love have carried me through, even after her passing in October 2017.

Finally, I would like thank my classmates, who I spent countless hours with, both in and out of class, trying to help each other navigate readings, assignments, and life outside of graduate school. A special thanks to Char Blum, Tracy Cleveland, Katt Currie, and Kerri Hill, who I could always count on.

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List of Abbreviations

FSR	Family Service Regina
ECS	Ehrlo Counselling Services
TF-CBT	Trauma-Focused Cognitive Behavioural Therapy
ACT	Acceptance and Commitment Therapy
MI	Motivational Interviewing
SFBT	Solution-Focused Brief Therapy
CBT	Cognitive Behavioural Therapy
SST	Single Session Therapy
OQ-45	Outcome Questionnaire 45
ORS	Outcome Rating Scale
SRS	Session Rating Scale
TPP	Teen Parent Program
WISC-V	Wechsler Intelligence Scale for Children – Fifth Edition
BASC-3	Behaviour Assessment System for Children, Third Edition
BRIEF 2	Behaviour Rating Inventory of Executive Function, Second Edition
Connors-3	Connors, Third Edition
CDI	Children’s Depression Inventory
MASC2	Multidimensional Anxiety Scale for Children, 2 nd Edition

Introduction

The report that follows represents the culmination of my work toward a Master's degree in Educational Psychology from the University of Regina. I begin with a description of the path that led me to pursue this degree, a statement of my professional goals, and a rationale for my choice of practicum placements. I then provide an overview of my own approach to counselling, followed by description of several programs I was involved with beyond my regular caseload. Finally, I conclude with a discussion of ethical considerations and personal reflections on the experience.

Background

My journey toward a career in Counselling and Educational Psychology has not been a linear one, although in many ways my professional path has shaped the clinician I am becoming. I began undergraduate studies right after high school, with a passion for social justice and feminism drawing me to pursue a Bachelor of Arts in Sociology, with a minor in Women's and Gender Studies. Psychology was not of interest to me at that time, as I was deeply focused on critical theory. After earning my B.A., I committed myself to work in the community-based sector, where I quickly moved into leadership roles. I worked for organizations focused on supporting marginalized populations, working primarily with women and children on issues related to homelessness, violence, trauma, and health. While on extended maternity leave with my eldest child, I volunteered as a peer support for breastfeeding mothers, leading meetings and providing one-on-one support. In retrospect, it was during this time that I developed an interest in counselling and in the way the social structures I had studied with such interest impacted individual people. Several years later, while leading the Housing Department for YWCA Regina, I had the opportunity to complete multiple levels of training in Motivational Interviewing. My

intent when I entered the training was to understand the method so that I could implement it as the standard approach in our shelters. To my surprise, this training sparked an interest in shifting my career from leadership to direct service work. I began graduate study at University of Regina's Master of Education in Educational Psychology in July 2016, studying full time to complete coursework by April 2018. My original intent was to pursue a career in counselling. As I learned more through courses in neuropsychology, psychopathology, and cognitive assessment, I developed an interest in standardized assessment and diagnosis and decided to pursue registration as a Psychologist. While I never would have imagined as a 20-year-old Sociology student that I would eventually pursue this type of work, I am grateful for my grounding in Sociology. It has provided a solid foundation for understanding the individual within a larger social context and it has heavily influenced the approaches I am drawn to as a Counselling Psychologist.

Practicum Selection and Goals

Prior to pursuing a practicum placement, I reflected on what type of setting would best support my learning goals. I determined that it was important for me to find a setting where my social justice values were reflected, where importance was placed on both evidence-based practice and measuring outcomes, and where the primary approaches to treatment were strengths-based and grounded in a person-centred perspective. Further, I sought a placement that provided the opportunity to practice both counselling and assessment, which is difficult to find in a profession where programs and agencies tend to specialize in one or the other. While the M.Ed. program only required me to complete 150-200 service hours, it was important to me to gain as much experience as possible. In consultation with my program Supervisor, Dr. Ron Martin, and other Registered Psychologists, I set a goal to complete 400 service hours over a three-month

period. In an effort to meet as many of these learning objectives as possible, I pursued placement at two agencies, which provided me with expanded opportunities and exposure to different approaches, workplace cultures, and procedures. I secured placements at both Family Service Regina and Ehrlo Counselling Services, and between these two sites I was able to meet my goal of completing 400 service hours.

The primary goal of my practicum was to develop skill and confidence in counselling and assessment with clients from a variety of ages and backgrounds. More specifically, my goals included: developing and refining my counselling and assessment skills through direct, supervised practice; application of knowledge and skills acquired through graduate coursework; working collaboratively with other professionals; learning psychological and professional protocol from experienced Registered Psychologists and Social Workers; receiving feedback on my professional strengths and weaknesses; and developing confidence and competency in the role of a Psychologist.

Practicum Settings

Ehrlo Counselling Services (ECS) is a part of Ranch Ehrlo Society, a non-profit organization dedicated to providing a range of services that include assessment, treatment, education, support, and community services that improve the lives of children, youth, and their families. Counselling and assessment is provided to both community members and Ranch Ehrlo clients by an interdisciplinary team of Master's-prepared clinicians, including Registered Psychologists, Registered Social Workers, and Canadian Certified Counsellors. In addition to individual counselling and assessment, ECS runs multiple innovative programs, such as a group for LGBTQ youth, a photography group for Ranch Ehrlo residents, and grief/loss groups. ECS provides support and clinical services to a multitude of organizations in Regina and across

Saskatchewan. My Professional Associate at ECS was Mr. Joey Panko, Clinical Manager and Registered Psychologist. Mr. Panko holds an M.Ed. from University of Regina and has previously supervised M.Ed. practica. His considerable years of experience in providing counselling and assessment to youth and adults, along with his proficiency in Motivational Interviewing and Cognitive Behavioural Therapy, made him an ideal supervisor.

Family Service Regina (FSR) is a multi-service agency that offers a range of counselling services and programming with the goal of strengthening individuals, families, and the community. Counselling services are offered on both a registration- and walk-in basis, and provided by Master's-prepared, Registered Social Workers. In addition to clinical counselling, support is offered through numerous established programs, including a Teen Parent Program, Domestic Violence Outreach Program, and an Art from the Heart art therapy group, among many others. In the 2016/2017 fiscal year, FSR reports that they served 6979 people through their wide range of programs and services (Family Service Regina, 2017). My Professional Associate at FSR was Ms. Karen McGillivray, MSW, who is a Registered Social Worker and the Director of Community Programs. Ms. McGillivray has extensive experience in counselling adults in health and community settings, and she has significant background knowledge about domestic violence and crisis response. Because Ms. McGillivray was leading the Domestic Violence Unit at FSR, we agreed that the majority of my clients would be referred from that unit to reduce the wait for service for women affected by violence.

Practicum Summary

My placements began in the first week of April 2018. Each week I spent Monday and Friday at FSR and Tuesday, Wednesday, Thursday at ECS. I carried a caseload of clients at both placements, accumulating six clients at ECS and nine at Family Service Regina. In addition to

scheduled counselling, I served 10 clients through the Thrive Walk-In counselling service at FSR and the Teen Parent Program drop-in counselling program. In total, I conducted 54 sessions over the course of my practicum, and nine hours in direct observation of other clinicians. My placement at FSR ended on May 26, 2018 with 127.5 service hours, while my placement at ECS ended on June 28, 2018 with 274 service hours, for a total of 401.5 hours.

In addition to individual counselling, I had several other learning opportunities at both locations. In the sections that follow, I will first discuss counselling theory and process, followed by a description of my involvement with Thrive Walk-In Counselling, the Teen Parent Program, school presentations, and psychoeducational assessment.

Counselling Theory

Before beginning my Master of Education program, I had been trained in, and practiced, Motivational Interviewing (MI) and Solution Focused Brief Therapy (SFBT) with female clients in shelter settings. While these approaches remain a good fit with my values and perspective, I entered my placements with a commitment to remain open and curious about a variety of counselling theories and approaches. I was particularly interested in learning more about Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), Trauma Focused-Cognitive Behavioural Therapy (TF-CBT), and Single Session Therapy (SST). During the course of my practicum, I began online training in both TF-CBT and ACT, and independently researched CBT strategies and tools.

Both of my Professional Associates used Motivational Interviewing and CBT regularly with their clients, while also employing a variety of other tools from other methods that could all be characterized as being consistent with the Rogerian person-centred conditions that are necessary for positive change (Corey, 2016). While ECS does not have a stated foundational

theoretical orientation, FSR explicitly names SFBT as central to the work of the agency.

Clinicians at FSR employ methods outside of this approach, but the agency firmly believes in the effectiveness of time-limited counselling for both individual clients and for efficient management of wait times for service (Chursinoff, Englot, & Novik, 2017).

Research supports an integrated approach to therapy, meaning that counsellors select elements of a variety of models to meet the needs of each client. While it is crucial in an integrated approach to attain competencies with the models being incorporated into practice, clinicians who draw from a variety of approaches are well positioned to meet the unique needs of each client (Corey, 2016). I found that from session to session, or within a single session, I drew upon tools from CBT, SFBT, and MI most frequently.

The spirit of MI, defined by Rollnick and Miller (1995) as a client-centred way of being with people that values collaboration, compassion, evocation, and acceptance, is what I strive to achieve as a counsellor. The specific clinical tools that are part of the MI model are ones I draw on regularly when working with a client that is considering change. Specifically, I used evoking change talk strategies with many clients to help them find their motivation for positive change, and used more tangible tools like decisional balance worksheets to structure our exploration of change. For example, when working with a client who was struggling in a relationship with an addicted partner, the decisional balance worksheet was helpful for exploring the benefits of ending the relationship, as well as the consequences to the client and their child if no change was made.

CBT was especially helpful when combined with psychoeducation when helping clients who had problems with depression or anxiety. For example, in a session with a client experiencing clinically elevated symptoms of depression, we were reviewing the relationship

between the neurological stress response and anxiety symptoms. The client indicated that she had frequent negative self-talk about what she saw as an inability to manage her anxiety. We then examined whether the thought was supported by evidence and, if not, whether there was another way to view the situation. Through this exercise, combined with information about the physiological response she was experiencing with anxiety, the client was empowered to challenge those thoughts moving forward.

SFBT was most useful in goal setting and drawing out my clients' strengths. A focus on strengths was always an important part of my work with all clients I saw during my practicum, although it was a primary focus in the first session or two while building a therapeutic alliance. The maintenance of a "future focus," a hallmark of SFBT, was also a central part of my work with my clients, ensuring that they were empowered to set goals that were important to them with a desired future state in mind.

Supervision and Observation

I met with each of my Professional Associates once per week for 30-60 minutes to discuss case conceptualization, receive feedback on observed sessions and notes, and review progress on goals. Both of my Professional Associates were available in between scheduled weekly meetings for consultation. While all aspects of the supervision relationships were valuable in my professional growth, perhaps the most valuable aspect was the discussion of individual cases. Often case discussions were helpful because I gained another perspective on the issues my clients were facing and on the approaches that might be most effective. However, sometimes the most helpful part of case discussions was getting reassurance that my conceptualizations and methods were strong.

In the first month of my practicum I had the opportunity to observe five different clinicians for a total of nine sessions in total. Methods used during these sessions included Somatic Experiencing, Motivational Interviewing, Solution-Focused Brief Therapy, Single Session Therapy, Acceptance and Commitment Therapy, and Cognitive Behavioural Therapy. After each session I was able to debrief with the clinician, which I found to be an extremely valuable process. For example, the opportunity to observe the practice of Somatic Experiencing, which is growing in popularity and demand, provided me with a better understanding of how this unique model works in practice.

Once I began leading sessions with clients, which occurred in the second week of my practicum, my Professional Associates directly observed my work on multiple occasions. They took notes and debriefed with me afterward, providing specific feedback on my strengths and weaknesses.

Counselling Process

What follows in the subsections below is a description of the counselling process I followed with clients on my caseload over the course of my practicum. I was fortunate to have had the opportunity to go from the initial assessment all the way through to termination with several clients, moving the theoretical knowledge I had of this process to a more practical understanding.

Intake

Both ECS and FSR employed an Intake Counsellor to handle new requests for service. The intake process involved conducting a brief assessment over the phone with the client or client's caregiver. At that time, the Intake Coordinator worked with the client to determine how fees would be paid, whether by insurance, an Employee Assistance Program, funding from government programs, or self-pay. Both agencies offered a sliding scale and pro bono services.

At ECS I had the opportunity to conduct 14 intakes over the course of my practicum. Each intake lasted between 15-30 minutes, and involved asking the caller a series of questions to assess the caller's presenting issue(s), daily functioning, friend and family relationships, community involvement, substance use, suicide ideation or attempts, and aggression/violence toward self/others. The information gathered during the intake interview was used to determine a numerical level of distress and for case presentation at weekly team intake meetings. Three of the intakes I conducted involved teens with suicide risk, which required me to consult with supervisors to determine follow-up plans.

ECS and FSR had significant wait lists when I began my placements in April, with average waiting times ranging between two to four months. In general, clients are served in the order intakes are conducted, but in both agencies the level of distress and symptom severity is taken into consideration, with clients experiencing higher distress being seen sooner when possible. At ECS, wait-list management is complicated by the type of clinician the client has requested. Many insurance plans require Registered Psychologists to provide service, meaning that often the demand for clinicians with that designation was higher than the number of appointments available. At FSR, requests for Registered Psychologists are most often referred to other agencies, as they have virtually no capacity to accommodate those requests as they only have one part-time contract clinician who is a Registered Psychologist.

Initial Assessment

The primary focus of my placements was to conduct scheduled individual counselling sessions, beginning with initial referral from an Intake Counsellor. Once clients were added to my caseload, I contacted them directly for an initial appointment where I conducted an initial assessment. First appointments at ECS included discussion of consent, confidentiality, and fee

agreement (see Appendix A). At FSR, informed consent was achieved in the first session through reviewing a client information form and consent form (see Appendix B) with each client in session. In addition to informed consent, clients at FSR are asked to complete a standardized assessment tool called the Outcome Questionnaire-45 (OQ-45), which measures a client's level of functioning across three domains, including subjective discomfort, interpersonal relations, and social role performance. The OQ-45, as its name suggests, is comprised of 45 questions with a 5 point Likert scale, and is reported to have high reliability and good concurrent and construct validity (Beckstead, Hatch, Lambert, Eggett, Goats, & Vermeersch, 2003). Once scored, the OQ-45 provides a valid measure of improvement across domains at the outset of therapy and over the course of treatment. The same rating scale is completed at appointment four to enable the clinician and client to monitor client progress. The informed consent process was followed by assessment questions guided by agency-specific assessment forms, but unique to each clinician and based on the individual case.

Case Conceptualization and Goal Setting

As part of the first session, I asked my clients to identify what they wanted to focus on in counselling sessions. The teams at ECS and FSR both valued client-centered case conceptualization, which places priority on goals for counselling being set by clients rather than being imposed by clinicians. This empowerment approach was a good fit with my values and it is central to a variety of approaches, including SFBT, MI, SST, ACT, and others. While asking clients about their goals seemed straightforward at the outset of my practicum, I quickly realized that there were many ways to introduce and phrase this question. I asked several clinicians how they approached this with their clients and each one had a unique wording. I tried several versions of this throughout my practicum with varying success, but I found that asking, "What

do you want to be different in your life as a result of counselling?” to be the phrasing that most effectively transitioned clients toward identifying goals for counselling.

Following the first session, I wrote an assessment and service plan, which included identification of presenting issues, client strengths, goals, and which evidence-based approaches we would use in counselling.

Consultation

Seeking consultation on my work with each client was strongly encouraged at both ECS and FSR. I reviewed my notes on all of my clients with my Professional Associates each week, and I was able to consult freely with other clinicians on the teams as well. Discussing cases with several clinicians helped me to understand the multitude of ways each case can be approached and this was one of the most valuable aspects of my practicum in terms of skill and knowledge development.

Record Keeping

ECS and FSR each had an electronic case management system where assessments, case notes, and client information are held. ECS uses Efforts to Outcomes (ETO), while FSR uses Caseworks. Both include standard forms for treatment planning/assessment, progress notes, and file closures that require regular assessment of client strengths, goal progress, and presenting issues. The information gathered in these systems is used not only for individual case management, but also for more general analysis of trends in demographics, outcome measures, and the types of concerns identified by clients.

Initially, I found that record keeping was a slow process while I was learning to synthesize information from each one hour session into a concise, clear record of each session. There were times early in my practicum that I took as long as an hour to write out my session

notes. Within a few weeks, however, record keeping became a much quicker process. I became more skilled at summarizing the content and knowing what would be most useful. My increasing skill in this area developed as a result of reviewing case notes of other clinicians and getting feedback on my notes from my Professional Associates, who both assured me that the record keeping process would become more efficient over time. All of my notes were reviewed by my Professional Associates and provided the basis for conversations during weekly supervision.

Discontinuation

Commonly referred to as the termination phase, the discontinuation of counselling is the point in the process where counselling comes to an end. Ideally, the discontinuation of counselling occurs when the client and counsellor agree that the client has made enough progress to move forward without further sessions. During my practicum I experienced this type of ending with a youth I had been seeing since early April. We had five sessions together, which were initially spaced two weeks apart, then tapered to four weeks apart for the last session. We spent a portion of our last session discussing her successes over the past three months, reviewed her social support network to ensure she had a plan should she need help, and discussed her level of comfort with discontinuation. She indicated that she had noticed significant improvement in her mood and ability to cope with stress, and felt comfortable ending the counselling relationship. While this ideal type of discontinuation happens regularly, there are other reasons for service to end, such as change of circumstance or no contact from the client for a prolonged period. Regardless of how service ends, there is a file closure process that provides opportunity to summarize the relationship and progress toward goals.

Walk-In Counselling

FSR has been offering walk-in counselling since 2010. This service was under-resourced and not widely advertised, yielding an average of one client per week (Chursinoff, Englot, & Novik, 2017). Since 2017, FSR has been piloting an expanded single session walk-in counselling service with increased marketing and publicity. Currently operating four afternoons a week, there is no cost to participants regardless of income. The impetus for the development of this service was to reduce the two- to four-month wait for service for clients not covered by the Family Service Employee Assistance Program. In the development phase of the Thrive Walk-In Counselling program, FSR analyzed service trends in their agency and discovered that 52% of clients completed counselling in two sessions, 25% in three to four sessions, with only 27% continuing for five or more sessions. Based on these trends, it was decided that a two- to four-month waiting period made little sense for those requiring only a session or two. In many cases, by the time a client was booked for an appointment their need for support had been resolved, with 27% of clients served via the wait-list model at FSR declining service once it was offered. Since expanding their walk-in services, FSR has reduced wait times to approximately two weeks, a significant improvement from the previous two to four months. The efficacy of brief intervention is supported by a growing body of research (Campbell, 2012). In 2015, Stalker et al. conducted a mixed-method study comparing walk-in counselling to the wait-list model. On indicators of psychological distress, they found that clients of the walk-in model improved more rapidly than did wait-list clients. At 10 weeks both groups of clients had improved similarly. Clients of the wait-list model expressed some frustration with lengthy wait times, while walk-in clients indicated that they valued the accessibility of the model.

I provided counselling for the Thrive Walk-In Counselling program clients one afternoon each week for the duration of my practicum. Typically, I saw two clients each afternoon for one-hour sessions. Prior to the session, clients completed the Outcome Rating Scale (ORS; see Appendix C) to report their level of wellbeing in four domains, including personal wellbeing, interpersonal relationships, social wellbeing, and overall wellbeing. This rating, along with a one-page assessment form was used to assist the counsellor and client to determine the agenda and approach for the session collaboratively. At the end of the session, clients were asked to fill out the Session Rating Scale (SRS; see Appendix D) to indicate their level of satisfaction with the counselling experience, which was used in two ways. First, it provided an opportunity for the client to reflect on the experience and discuss with the counsellor the progress made as a result of their participation and, conversely, what gaps still existed for them. The data gathered from both the ORS and SRS were used to assess program effectiveness and trends.

In my experience, single-session counselling presented unique challenges when compared to scheduled sessions. First, at the outset of the session the counsellor had no advance information about the clients or their presenting issues, which provided no opportunity to prepare for the session. Second, SST required counsellors to abbreviate the typical counselling process, working through therapeutic alliance, assessment, goal setting, and intervention into a one-hour session. The SST model required the counsellor to keep the session tightly focused on the present, unlike a more traditional psychotherapy approach. Despite these challenges, I found my participation in the Thrive Walk-In Counselling program to be a significant source of growth in my clinical skills. Further, the feedback I received from clients through our discussions at the end of our sessions, and through the SRS rating scales used to quantify client experiences, left me with the impression that the model works well for many people.

It is important to note that single-session therapy is contraindicated for clients with: a biological or neurological basis for their problems; a major mental disorder; dementia; personality disorders; or a client's strong preference for traditional psychotherapy. Further, some clients presented with a complex set of issues and expressed interest in continued counselling. In those cases, FSR provided the option of sliding scale services for those clients who could not afford the full fee or those who did not have insurance coverage. Of the 10 clients I saw through walk-in, three continued on to ongoing counselling. However, because the walk-in service has significantly reduced wait times from two to four months to approximately two weeks, they have been provided with more timely support.

Teen Parent Program

FSR's Teen Parent Program (TPP) has been operating out of the Shirley Schneider Support Centre for many years, helping young mothers to pursue high school education at Balfour Collegiate, where the centre is located. TPP employed two full-time Social Workers who provided assistance in a multitude of ways, including rides to appointments, system navigation, a listening ear, and informal mentorship. The TPP staff identified a need for on-site counselling access for the students in the program, as they had noticed that it was common for students to identify a desire to engage in counselling but found it difficult to attend appointments offsite for both practical and emotional reasons. Throughout my practicum I spent one afternoon every two weeks onsite at Balfour Collegiate, providing counselling on a walk-in basis for students in the TPP. The issues the students were facing were typically complex and often included themes of trauma, abuse, poverty, racism, and many others, which compounded the stress of teen parenthood. For many, these realities increased psychological distress, often presenting as anxiety and depression symptoms. At the same time, the students I worked with through the TPP

showed incredible strength and resiliency. I encouraged them to focus on these strengths during sessions, employing Motivational Interviewing techniques alongside Solution-Focused Brief Therapy to draw out, and build on, the strengths and positive aspects in their lives. In one instance, a student with a toddler-aged child stated that she frequently questioned whether or not she was a competent parent, and doubted that she was equipped to be the kind of mother her child deserved. We spent 20 minutes during that session drawing out the things that were going well and the ways she wanted to improve as a parent. Following this discussion, the client asked me whether I had children. It was at this point that I made the decision to self-disclose, telling her that I did have children and that I remember questioning my own parenting abilities, learning over time that there were many ways to be a good mother. Parenting “her way” became a theme over the next few sessions, reinforcing the idea that she could be confident in her mothering role even when it looked different than the approach her friends were taking.

Presentations

At ECS I was offered the opportunity to develop and deliver workshops at a local elementary school alongside two ECS clinicians. Together we presented two one-hour sessions to each of Grades 5, 6, 7, and 8. Due to significant relational issues amongst the Grade 8 class, we presented to the boys and girls of that age separately. Presentation topics included healthy relationships, peer pressure, conflict resolution, mental wellbeing, and resiliency. Each of us developed/delivered a portion of the material in collaboration with the others. My topic was peer pressure, which I presented as a normal yet difficult part of life for both children and adults, with positive and negative elements. I connected the importance of relationships to the power of peer pressure to help students understand why it can be so difficult to resist negative influences. We

discussed the importance of self-compassion and both peer and adult supports, with the students contributing their thoughts, concerns, and questions throughout.

Psychoeducational Assessment

One of my goals for my practicum placements was to conduct multi-modal assessments, if possible. I realized that opportunities to achieve this goal might be limited given that both placements were in agencies whose primary purpose was to provide counselling. I was fortunate, then, to be offered the opportunity to work alongside a Registered Psychologist at ECS on an assessment in the second month of my practicum at ECS. The client was an elementary school-aged child whose parents and teacher were concerned about attention and communication issues. We chose several assessment tools, including Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V) (Wechsler, 2014), Behaviour Assessment System for Children, Third Edition (BASC-3) (Reynolds & Kamphaus, 2015), Behaviour Rating Inventory of Executive Function, Second Edition (BRIEF 2) (Gioia, Isquith, Guy, & Kenworthy, 2015), Connors, Third Edition (Connors-3) (Connors, 2008), Children’s Depression Inventory (CDI) (Kovacs, 2010), and Multidimensional Anxiety Scale for Children, 2nd Edition (MASC2) (March, 2013). I administered the WISC-V and worked through the self-report checklists with the child, under direct supervision. We also sent parent and teacher rating forms for BASC-3, BRIEF-2, Connors-3, CDI, and MASC, which were completed offsite and returned. I then scored and printed reports for all tools, and I had the opportunity to discuss the results with the supervising Psychologist. Through this assessment experience, I was able to apply the knowledge and skills gained during my graduate courses and to gain an appreciation for how valuable the cross-battery approach is, despite how time consuming the process can be. The most valuable part of being a part of this assessment was the ongoing conversation with the supervising Psychologist throughout the

process. After the scoring was complete, she helped me to analyze the data from each assessment tool in relation to the other assessment results and to begin to formulate a possible diagnosis. Unfortunately, my practicum ended before the report writing began, so I wasn't able to participate in that phase of the assessment.

Ethical Considerations

During my graduate coursework I completed a course titled Ethics and Professional practice, where I became familiar with the Code of Ethics for Psychologists - Fourth Edition (Canadian Psychological Association, 2017). These principles and standards guided my work during my placement, and I regularly referred back to the Code as ethical questions arose. In the first week of my placements, I reviewed policies at both FSR and ECS through the lens of the aforementioned Code. While most differences between the agencies were administrative, one key difference in policy was the approach to consent for treatment for children aged 12 to 16 years. While ECS took a more traditional approach to consent, requiring informed written consent from both custodial parents in cases of separation, or from one parent if the parents were still in a relationship, FSR allowed for a more tailored approach based on the situation for each client. At FSR, children aged 12 to 15 years can consent on their own behalf for single session therapy. This flexible approach reflects FSR's expertise in the area of family violence, and it is reflective of a trauma-informed approach that removes barriers to services for vulnerable persons. That said, I was initially concerned about providing service to a child without the consent of both parents. There are several pitfalls to proceeding without parental consent, including the potential for litigation or complaints to a professional licensing body, the risk of not getting a full or clear picture of the situation from both parents or from any parents in the case of direct consent by the child, and the exclusion of a parent or parents in the therapeutic

process to support the child, among others. I searched for direction and found that the issue of consent for treatment of minors is not as straightforward as I had originally thought. The Canadian Code of Ethics, Fourth Edition, provided general guidance on this issue in I.34, which stated the expectation as:

Carry out informed consent processes with those who are legally responsible or appointed to give informed consent on behalf of individuals not competent to consent on their own behalf, seeking to ensure respect for any previously expressed preferences of individuals not competent to consent, and clarifying protections and limitations regarding the privacy and confidentiality of such individuals (Canadian Psychological Association, 2017, p. 18)

The key ethical consideration, then, was to determine at what point someone becomes competent to consent, and how to factor in respect for individual preference expressed by the minor. While a full discussion of this issue is beyond the scope of this report, I did find two articles particularly helpful in reasoning through this ethical dilemma written by George Bryce, legal counsel for the British Columbia Association of Clinical Counsellors (Bryce, 2013; Bryce, 2008). These articles provided guidance regarding guidelines for determining the circumstances in which it is legally defensible to provide counselling to a child in the absence of parental consent, which involved an assessment of whether or not the child was of sufficient maturity to be deemed a ‘mature minor,’ and whether or not it was in the best interests of the child to proceed with counselling in the absence of parental consent. I determined that since I was still unsure of my ethical obligation, and in the absence of a real client situation to put the policy in context, I needed to proceed with caution. I discussed my discomfort with my Professional Associate at FSR and indicated that I may need to refer a case on to another team member if parental consent was not obtainable. She was supportive of my position, and encouraged open dialogue on the issue. I did have one instance during my practicum where a 12-year-old attended

the Thrive Walk-In Counselling program without parental accompaniment. She appeared much older than 12, and I didn't realize her age until we were reviewing her registration form in the counselling room. I chose to proceed with the session, albeit cautiously. I spent additional time on informed consent with the child, where she told me that she didn't live with her parents but with another family member who had guardianship and dropped her off at FSR. I listened to her concerns, and then explored who the adults were in her life and whether they were aware she was attending counselling. I was able to obtain consent prior to transferring the client to my scheduled counselling caseload. It was glad to have the flexibility to provide support when the child needed it, while still following up with her guardian afterward. Overall, this approach seemed to contribute to the development of a strong therapeutic alliance between us.

Another ethical consideration during my practicum was ensuring clients were aware of my student status to ensure fully informed consent. At the outset of my practicum, my Professional Associates and I determined how clients would be notified of my student status. At ECS, clients were notified verbally during initial phone contact and again in writing at the first appointment on the Consent to Treatment form and verbally during the informed consent process. At FSR, the process was similar, although the consent form did not explicitly state that I was a student. I found clients were open to working with me and I did not have anyone refuse treatment as a result of my student status.

Reflections

I finished my practicum feeling grateful to have been mentored by two talented Professional Associates working at two exceptional agencies that focused on the delivery of high-quality psychological and counselling services. While it was challenging to quickly adapt to two different clinical settings (i.e., learning two sets of policies, procedures, and the names of

countless team members), the opportunity to learn in both of these environments enriched my experience significantly. As mentioned previously, having two placements enabled me to increase the number of completed service hours. Overall, this meant that I had more opportunities to gain experience in working with clients of different ages (ranging in age from 8- to 65-years-old), backgrounds, and presenting issues (e.g., anxiety, panic, depression, trauma, ADHD, addiction, relationship struggle, family of origin issues, anger, poverty, parenthood, and racism). Counselling in both traditional caseload and walk-in settings meant that I learned a broad range of skills, increasing my confidence as an aspiring Psychologist.

It was important to me to seek out as many learning opportunities as possible during my brief, three-month practicum, which is why I eagerly accepted the chance to develop and deliver presentations, to work onsite at the Teen Parent Program, to conduct intakes, and to administer and score standardized tools. There were times when I questioned whether it was a good decision to involve myself in multiple types of work as it meant that there was less time to focus on learning any one set of skills in depth. Regardless, I valued the variety of professional experiences that I acquired and I feel confident that I contributed positively to the agencies that welcomed me into their teams.

While I can confidently say that I learned an incredible amount in a short time frame, it has also left me eager to continue learning in what I have found to be a vast and varied field. More than once my Professional Associates heard me marvel at all I didn't know and still needed to learn to serve my clients well. They, along with many other seasoned clinicians advised me that the feeling I was describing does not ever completely go away. This profession, I have discovered, is one that necessitates continuous improvement and a commitment to life-long learning. Some of the most talented clinicians I met through this experience exuded humility, and

an eagerness to learn wherever they could, which is an attitude I strive to maintain long after I enter this field.

Summary

My practicum placements at Ehrlo Counselling Services and Family Service Regina provided a rich and rewarding set of experiences that gave me the opportunity to apply the theory and training from my graduate coursework. I was able to hone existing counselling skills and develop new ones with a diverse set of clients who struggled with a variety of presenting issues. Beyond individual counselling, I was able to expand my learning through work in a variety of different projects and programs that enriched my practicum experience. I leave my practicum experience confident that I have been well prepared for the beginning of my career in the field of psychology.

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Pearson.

Appendix A

Ehrlo Counselling Services Client Forms

Ehrlo Counselling Services Consent to Treatment

I acknowledge that I have reviewed with my counsellor, and understand the information about the treatment services that I am considering. I have had all my questions answered fully.

I do hereby seek and consent to take part in the treatment by the counselling professional named below. I understand that developing a treatment goals are in my best interest. I agree to play an active role in this process. I understand that this consent form covers all counselling sessions. I agree to pay the fee of \$120.00 per session or to ensure financial arrangements have been made on my behalf with a third party. I understand that no promises have been made to the results of treatment or of any procedures provided by this counsellor.

I am aware that I may stop my treatment with this counsellor at any time. The insurance company or the Employee Assistance Plan will be notified that these sessions have ended.

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel or do not show up, I will be contacted by my counsellor for follow-up purposes.

I am aware that an agent of my insurance company, EFAP, or other third-party payer may be given information **only** about the general type(s) of counselling services I receive and about cost(s), date(s), and providers of any services to myself through Ehrlo Counselling Services. More specific information will require a release of information wavier to be signed.

I understand that the referring information I provided has been entered into a secure database used to gather demographic statistics and to evaluate services. Information will be grouped and no identifying information will be distributed.

I agree to work with Amy Stensrud, a student in the Masters of Education program through the University of Regina, under the supervision of Joey Panko M.Ed., Reg. Psyc.

Please acknowledge that the below signature is valid for one year following the date signed. I have read and signed the Ehrlo Counselling Services Confidentiality Wavier Form. My signature below shows that I understand and agree with all of these statements.

Signature of clients(s) or person acting for client

Date:

I, the counselling professional, have discussed the issues above with the client (and/or his or her parents, guardian, or other representative). I believe that this person is fully competent to give informed and willing consent.

Signature of Practicum Student

Signature of Supervisor

Date



Ehrlo Counselling Services

Confidentiality Agreement Form

Ehrlo Counselling Services programs professional staff follows ethical guidelines that integrate the highest standards of professional counselling practice. All communication between counsellors and clients is considered confidential, as described below:

Client information is disclosed only in the following circumstances:

- 1) Serious threats of harm to oneself or to others must be reported to the appropriate authorities.
- 2) Where it is believed that a child is or might be in need of protection due to concerns about suspected or actual child abuse, counselors will report this to the police and other authorities as required by law.
- 3) Confidentiality of counselors/ therapists is not recognized by the legal system, and files and other information must be released to court officials if subpoenaed.
- 4) Ehrlo Counselling Services professionals receive clinical supervises and at times may consult and collaborate with other colleagues, who are bound by an oath of confidentiality, from this agency. Sharing of information occurs only when it will serve the best interest of the client.
- 5) Information about clients may need to be shared with other professionals (e.g., Psychiatrist) as a part of a consultation process to assist in the treatment process. A release of information wavier must be signed by the client specifying the purpose for disclosure and the name of the person or organization to whom the disclosure is made.

Please acknowledge that the below signature is valid for one year following the date signed.

We have read and understand the Confidentiality Agreement. This agreement signed at:

_____, this _____ day of _____, 20____.

Signature of Client

Signature of Client

Signature of Counsellor



Appendix B

Family Service Regina Client Information and Consent Form



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).

COMMUNICATION

Telephone communication is the default and preferred communication method with clients. Family Service Regina does not subscribe to "Call Display". E-mail can be used to communicate with clients when no phone number has been provided. In situations where e-mail communication is used you must be aware that:

- Do not include identifying, sensitive or personal information in your email communication
- Alternative forms of communication are more secure
- Any e-mail correspondence is considered part of your client record
- Email communication must not be used in the event of a crisis
- Email will only be responded to during business hours and will not be monitored outside of regular business hours or during times when your counsellor is away from the office

Please turn over ...

Clients' Rights and Responsibilities

Rights

All programs and services of Family Service Regina will ensure that the client's rights are being respected and observed. At a minimum all clients will be informed that they have the right:

- To speak to an Intake Worker, supervisor, or the Chief Executive Officer within 24 hours of a request.
- To 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 clients rights and confidentiality)
- To be accorded respect, confidentiality, patience and open communication when being engaged by Family Service Regina staff.
- To review the content of their clients records with their counsellor or the Chief Executive Officer as per policy.
- To request correction of inaccurate information as an addendum to the original entry.
- To lodge a concern or grievance with the Chief Executive Officer about the service or manner of interaction experienced with Family Service Regina staff.
- To request a change of counsellor
- To have all information kept confidential, except when the client has given a specific consent or when there is a legal requirement to release the information
- To refuse or discontinue service at any time.
- To a safe and secure service environment

Responsibilities

- To participate to their fullest potential in the services provided.
- To treat all staff, volunteers, interns, other clients and property with respect.
- To attend as scheduled and to provide sufficient notice should they be unable to attend an appointment.
- To pay any fees for services as due.
- To hold in confidence any information they learn regarding other individuals while at Family Service Regina.
- To 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 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:** _____

Appendix C
Outcome Rating Scale

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)

|-----|

Interpersonally

(Family, close relationships)

|-----|

Socially

(Work, school, friendships)

|-----|

Overall

(General sense of well-being)

|-----|

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Appendix D
Session Rating Scale

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 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.

|-----|

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.

|-----|

The therapist's approach is a good fit for me.

Overall

There was something missing in the session today.

|-----|

Overall, today's session was right for me.

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