

Introduction and Background

Project Description, Rationale and Course Descriptions

The purpose of this project was to develop clinical demonstration videos for use with counselor education graduate students during their clinical counseling training. The videos were utilized in two separate courses and one required workshop setting. The practice of counseling is clinical by nature, while the training of counselors is often a mix of classroom and practical experiences. Students in counselor education programs such as ours often receive significant training in the theoretical and conceptual underpinnings of clinical work, which is necessary, but it is sometimes difficult for students to connect this theoretical understanding to what they will actually be doing in counseling sessions with real clients. It was my hope that the development of clinical demonstration videos would help to bridge this gap between classroom learning and clinical practice.

As part of this project, I created three videos: "A First Session," "Conducting a Biopsychosocial History Assessment Therapeutically," and "Suicide Assessment Demonstration." A brief rationale and description of each video follows.

1. The first video, "A First Session" is focused on the initial counseling session students conduct with clients in our free community clinic. Students often experience significant anxiety about seeing their first "real" client in their second year in the program. They become concerned about the effectiveness of their clinical skills, about what presenting concerns clients will have and if they will be able to handle those problems therapeutically, about being video-recorded and watched by supervisors and peers as part of the developmental process we employ in our clinical training paradigm, and about appearing competent and professional to clients who know that they are students. All of these worries are developmentally expected and can even be helpful in promoting appropriate levels of anxiety that prompt intentional preparation. However, there are also logistical things that must happen in a first client session that extend beyond having adequate counseling skills and knowledge of specific interventions; students must also communicate legal and ethical information to clients and help them to understand and complete many pages of paperwork. When these requirements are added to student concerns about general counseling competence, anxiety levels often increase significantly, sometimes impacting client sessions in negative ways that could lead to legal liabilities, poor clinical and ethical decision making, and stress on supervisors and peers.

We discuss the first session requirements in many classes in the program, most notably in Ethics (G502), Essential Counseling Skills (G580), and Practicum (G524). I developed and teach the Essentials Skills course to all new students in their first semester in the program and they take this class concurrently with their Ethics classes. As I begin to teach students about counseling skills and techniques, they often try to demonstrate what they are learning in Ethics class when they participate in mock counseling sessions in my course. These are admirable attempts to integrate information and skills, but unfortunately, they do not yet have the clinical skills to do this well, and they often only have selected necessary information from Ethics. This results in students practicing only

parts of a first session repeatedly, which can lead to the development of bad habits and missing information that does need to be shared with clients.

Additionally, we conduct a Practicum Orientation for all second year students before they enter the clinical portion of their training in the IPFW Community Counseling Center (CCC). This is often a more than two hour process of educating students about the operating procedures of the clinic, understanding the assignment of clients, the roles of the Clinical Director, Clinic Manager, and section supervisors, introduction to clinic paperwork and storage, assignment of first clients, and recording and reporting their clinical hours for licensure. We instituted this process to ensure that all students and supervisors understand the clinic policies and procedures. However, students have reported that this process is overwhelming and when they are confronted with all the required paperwork, their anxiety and confusion increases. By showing the First Session video during this orientation, it was hoped that students would be able to more clearly make the connection between paperwork and what actually happens in session. I also hoped that the video would be a good resource that students could view at any time as they prepare for first sessions, both at the beginning of their practicum experience and when they begin with new clients later in the program, as students often forget the procedures if they haven't had a new client in some time.

Therefore, the purpose of this first video is to clearly demonstrate all required tasks with the hopes of increasing counselor trainee self-efficacy with regards to initial counseling sessions.

2. The second video focuses on demonstrating the principles of therapeutic assessment in conducting biospsychosocial history assessments with clients. Therapeutic Assessment (TA) (Finn & Tbsnager, 1997) differs from traditional psychological assessment, in which the main goal is to diagnose disorders, plan treatments, and evaluate the effectiveness of interventions; TA in fact serves all these purposes, but with the additional goals of developing therapeutic alliance and rapport between counselor and client and facilitating hope in the counseling process.

I teach the Foundations of Mental Health Counseling (FMHC) (G563) course in which students are introduced to this process. One of their assignments is to conduct an assessment with a fellow student and write up the assessment report. They are given an example and we discuss each section of the assessment thoroughly with examples of sample questions. They all verbally confirm that they understand the assessment and very rarely have questions until they actually do the assessment and begin to write the report. They then realize that they did not actually assess all sections thoroughly and based on the amount of time it takes them to conduct the mock assessments in class and the sessions I have observed, very few of them are able to use therapeutic assessment skills. I further observe a lack of therapeutic assessment skills later in the program when students conduct history assessments with clients in our clinic. They often rush through this process and fail to collect all the necessary information and to use this process to connect with clients in a therapeutic way. This may result in unnecessary time spent in later data collection that can disrupt the flow of counseling, and in more severe cases, can result in clients discontinuing services. My goal in creating this video was to help students understand the assessment process from a therapeutic point of view when they are first introduced to it in their first year Foundations course, and also hoped that it would be an

excellent resource for students to utilize later in their clinical training when they begin to see clients and potentially serve as a guide for supervisors on what to look for as they assess student assessment skills.

In the video, I clearly demonstrate a full biopsychosocial interview with a volunteer “client.” Assessment areas include: demographic information, presenting problem, other current problems and difficulties, current life outline, current family, family of origin, developmental history, medical history, mental health history, substance use history, education and employment history, legal history, neglect and abuse history, spirituality, and sexuality. This process takes approximately 1 hour.

3. The third video I developed is entitled "Suicide Assessment Demonstration" includes a clinical demonstration of suicide assessment skills. Working with a volunteer "client," I conduct a thorough suicide assessment and how to create a specific safety plan with the client and prepare for future counseling sessions with this as a focus of treatment. For the assessment, I utilize one of the most comprehensive suicidal assessment methods, the SIMPLE STEPS model proposed by Jason McGlothlin (2008).

I hoped that the third video on suicide assessment skills would be a useful resource to which both Practicum students and supervisors may refer while working in the clinic. When I came to IPFW, I recognized that there was no dedicated place in the curriculum for students to learn skills in working with suicidal clients. Encountering a suicidal client is often the biggest fear for new counselors, so I decided to develop a day-long suicide assessment workshop for all second year students in our program. This has evolved over three years, but as of now includes small group discussions, a lecture portion, time for students to practice in small groups, and a trip to Parkview Behavioral Health to review their admitting procedures for suicidal individuals. I often conduct a demonstration in the small group I lead which the students have reported as being one of the more valuable aspects of the training, but this doesn't always happen with each of the small groups, and can be difficult when the person who volunteers to help me by being the suicidal "client" has little experience from which to create his or her “character.” By creating a demonstration video, I was able to select a volunteer “client” who had significant clinical experience and could play the role more effectively.

Learning Objectives and Associated Evaluations

My goals in developing this project related to increased clinical confidence, increased understanding of lecture material, and increased academic grades/clinical performance ratings for counseling graduate students. Because the purposes in developing each of the three videos differ slightly, I will outline student learning objectives and the corresponding evaluations used to measure the outcomes associated with each. Evaluation of effectiveness for each video will was to include self-report measures, evaluations from supervisors, and grades/performance ratings on classroom assessments.

1. The learning objectives associated with the first video entitled "A First Session" related to students developing skills to enhance client engagement in the therapeutic process, understanding of the purposes of counseling, giving informed consent, the limits of confidentiality, and the policies and procedures of the IPFW CCC. Specifically, after viewing the first video, I hypothesized that students would:

- a) report increased understanding of the purpose and structure of the first counseling session. This learning objective applied to both first year students as they began their clinical training in the Essential Skills Course and as they began their clinical practical experience in Practicum. Evaluation of this objective was by self-report questionnaires distributed in the class and after the Practicum Orientation.
 - b) report increased confidence in their ability to conduct the first session effectively. This learning objective applied to both first year students as they began their clinical training in the Essential Skills Course and as they began their clinical practical experience in Practicum. Evaluation of this objective was by self-report questionnaires distributed in the class and after the Practicum Orientation.
 - c) demonstrate adequate clinical effectiveness in their first client sessions as evidenced by evaluations by their practicum instructors after the first client session and direct observation by supervisors and peers through our clinic's live closed-circuit recoding system.
2. The learning objectives associated with the second video, entitled "Conducting a Biopsychosocial History Assessment Therapeutically" related to students developing skills associated with client history taking, conducting Mental Status Exams, introducing assessment to clients, collecting all required information thoroughly, and doing all of this in a way that merges essential counseling skills with assessment skills to result in a therapeutic assessment process. Specifically, by watching the second video students would:
- a. report increased understanding of the purpose and structure of the Biopsychosocial history assessment that they conduct as part of their Foundations of Mental Health Counseling Course and that they conduct with each client they see as part of their practicum experience in the IPFW CCC. Evaluation of this objective was to be by self-report questionnaires distributed in the class.
 - b. report increased understanding of the purposes of therapeutic assessment and ways to conduct assessments in this way. Evaluation of this objective was to be by self-report questionnaire distributed in the class.
 - c. report increased confidence in their ability to conduct thorough and therapeutic assessments using the provided model. Evaluation of this objective was to be by self-report questionnaire distributed in the class.
 - d. earn increased points (as compared to students in previous years who did not view the video) on the Biopsychosocial Project that is a major assignment in their Foundations of Mental Health Counseling Class.
 - e. earn increased performance ratings from supervisors (as compared to students in previous years who did not view the video) in their practicum experience on the Practicum Evaluation rubric.
3. The learning objectives associated with the third video "Suicide Assessment Demonstration" related to increased skill development in suicide assessment and confidence related to working with suicidal clients. Specifically, by watching the second video students would:
- a. report increased understanding of the suicide assessment process using the SIMPLE STEPS model. This objective was evaluated by pre-test and post- tests

- distributed before and at the conclusion of the suicide assessment workshop.
- b. report increased confidence in their ability to conduct a thorough suicide assessment. This objective was evaluated by pre-test and post-tests distributed before and at the conclusion of the suicide assessment workshop.
 - c. earn increased performance ratings from supervisors (as compared to students in previous years who did not view the video) in their practicum experience on the Practicum Evaluation rubric item related to suicide assessment skills.

Implementation

In their review of my proposal, the CELT board suggested attempting to make only one of the videos I proposed. Although I did make all three videos for the good of my classes, only two of them (video one, “A First Session” and video 3 “Suicide Assessment Demonstration”) were implemented in the classroom during the grant period. The second video, “Biopsychosocial Assessment” was created, but I have not taught the associated course, G563 Foundations of Mental Health Counseling, during the grant period. I look forward to utilizing it in the future. A few students enrolled in the practicum course did ask to watch the video on their own time to better prepare them with work with their clients, and reported that it was helpful, however, no formal data was collected.

The two videos used in the classroom were created with the assistance of a volunteer “client” who was a master’s level clinician and Licensed Marriage and Family Therapist (LMFT). This was important as she had significant clinical experience and was able to role-play in a genuine and realistic manner. She was also able to ask questions of the counselor in the video that clients typically ask during the counseling sessions she conducts.

In order to reduce the length of the videos, introduction to the topics and discussion of the video was done live in the classroom before and after showing the videos. Text subtitles were added to allow students to follow along with the processes being depicted in the demonstrations. Students also had access to all of the paperwork mentioned in each of the videos, such as the Professional Disclosure Statement in “A First Session” and the safety plan in “Suicide Assessment Demonstration” so that they could follow along and take notes as desired.

I also met with all supervisors in the clinical practicum classes to describe my project and ask their assistance in completing surveys related to the performance of the students in their first counseling sessions with clients and in sharing final evaluations of student performance at the conclusion of the semester. All of the supervisors agreed to participate.

Results

Video 1: A First Session

A total of 19 essential skills students (first year students in their first class) and 25 practicum students (all of the second year students beginning their clinical work) watched the video and took the pre-post test associated with video 1. The pre-test and post-test had 13 identical items, with three additional items relating specifically to views about the video included with the post-test. The three additional items and associated results (average rating on a 1-4 likert scale where 1 was strongly disagree and 4 was strongly agree) for both groups of students (n=44) were as follows:

1. Watching the video helped me to better understand the structure and format of a first session. ($M = 3.84$, $SD = .37$).

2. Watching the video helped me to better understand how to use my essential counseling skills while conducting first session business with a client. ($M = 3.70$, $SD = .50$).
3. I believe watching the video was helpful to my skills development as a counselor in training. ($M = 3.84$, $SD = .37$).

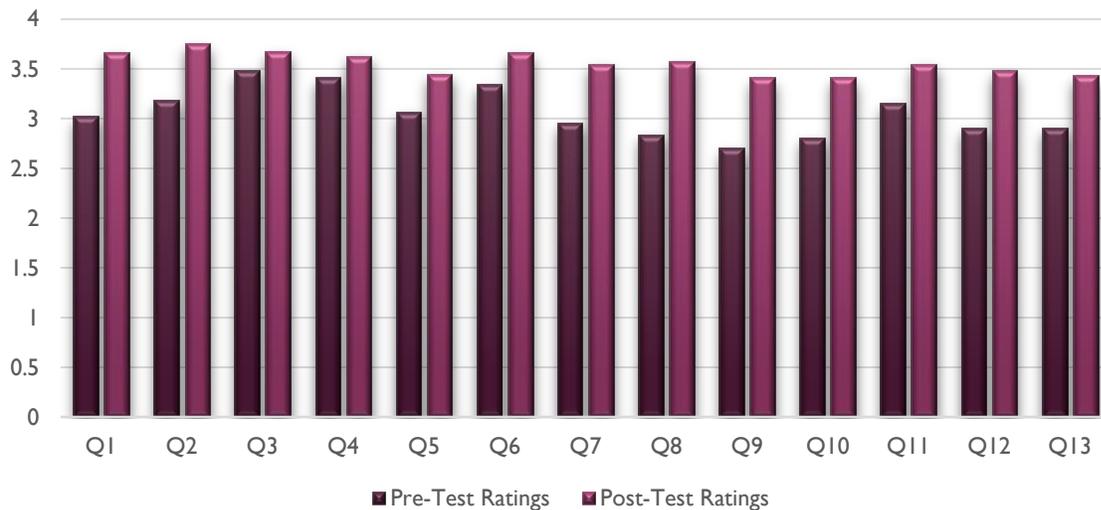
There were no significant differences on these items between the groups (essential skills students and practicum students).

Data (means, standard deviations, and paired sample t-tests) for the pre-post questions and a graphic representation of the data for all students who participated follows. Additionally, a chart depicting differences in ratings between beginning students who participated in the essential skills course and more advanced students who participated in the practicum orientation is presented.

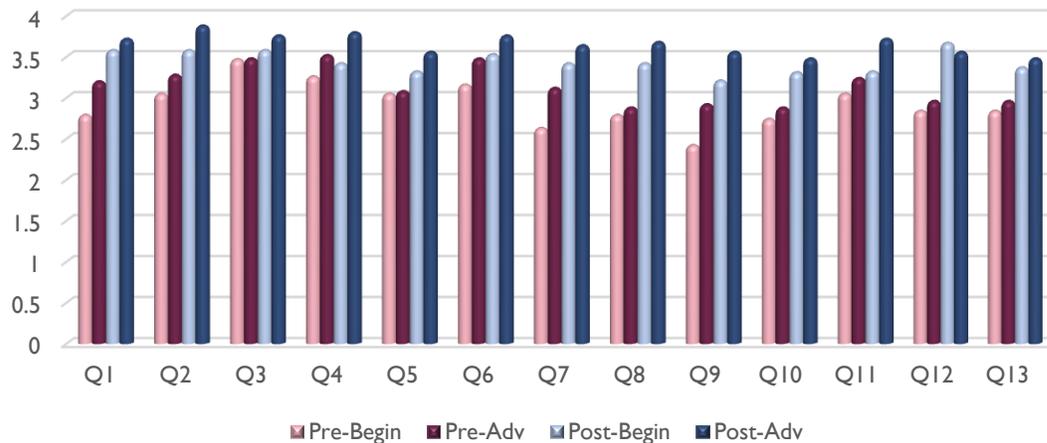
Question	Pre-Test	Post-Test	T-Value	Significance
1.) I believe I thoroughly understand the structure and format of a typical first counseling session in the clinic.	$M = 3.02$ $SD = .58$	$M = 3.66$ $SD = .52$	$t = 7.45$	$p < .0001$
2.) I feel confident that I can appropriately greet a client and begin a counseling session.	$M = 3.18$ $SD = .57$	$M = 3.75$ $SD = .43$	$t = 6.09$	$p < .0001$
3.) I feel confident that I can accurately and clearly describe that I am a student counselor in training, am under supervision, and can explain the recording procedures used in the counseling clinic.	$M = 3.48$ $SD = .57$	$M = 3.68$ $SD = .47$	$t = 3.57$	$p < .0009$
4.) I feel confident that I can clearly and accurately describe confidentiality and the limits of confidentiality to a client.	$M = 3.41$ $SD = .50$	$M = 3.63$ $SD = .48$	$t = 3.57$	$p < .0009$
5.) I understand the purpose of the Professional Disclosure Statement and how to explain it to clients.	$M = 3.07$ $SD = .65$	$M = 3.45$ $SD = .50$	$t = 4.45$	$p < .0001$
6.) I understand how to explain how a release of information works to a client.	$M = 3.34$ $SD = .56$	$M = 3.66$ $SD = .47$	$t = 4.74$	$p < .0001$
7.) I understand how to use the Adult Intake Form to help assess the concerns of my clients during a first session.	$M = 2.91$ $SD = .76$	$M = 3.55$ $SD = .58$	$t = 6.22$	$p < .0001$
8.) I feel confident in my ability to explain required paperwork to a client in a first session.	$M = 2.84$ $SD = .67$	$M = 3.57$ $SD = .54$	$t = 8.40$	$p < .0001$
9.) I feel confident in transitioning from discussing procedures, policies, and	$M = 2.70$ $SD = .76$	$M = 3.41$ $SD = .54$	$t = 7.18$	$p < .0001$

paperwork to working on the Biopsychosocial Assessment.				
10.) I feel confident in my ability to ask assessment-oriented questions in a therapeutic manner.	$M = 2.81$ $SD = .68$	$M = 3.41$ $SD = .54$	$t = 6.80$	$p < .0001$
11.) I feel confident in my ability to use my essential counseling skills while also completing the business of the first session.	$M = 3.16$ $SD = .52$	$M = 3.55$ $SD = .54$	$t = 4.45$	$p < .0001$
12.) I feel confident in my ability to answer client questions about first-session business (paperwork, confidentiality, clinic policies, etc.).	$M = 2.91$ $SD = .60$	$M = 3.48$ $SD = .58$	$t = 4.96$	$p < .0001$
13.) I am confident in my ability to conduct a first session with a client in the clinic setting.	$M = 2.91$ $SD = .70$	$M = 3.43$ $SD = .50$	$t = 5.00$	$p < .0001$

Pre-Post Test Rating Means for "A First Session"



Pre-Post Test Comparisons Between Groups of Beginning Students and Advanced Students



Qualitatively, students seemed to appreciate the visual aid. Comments included the following:

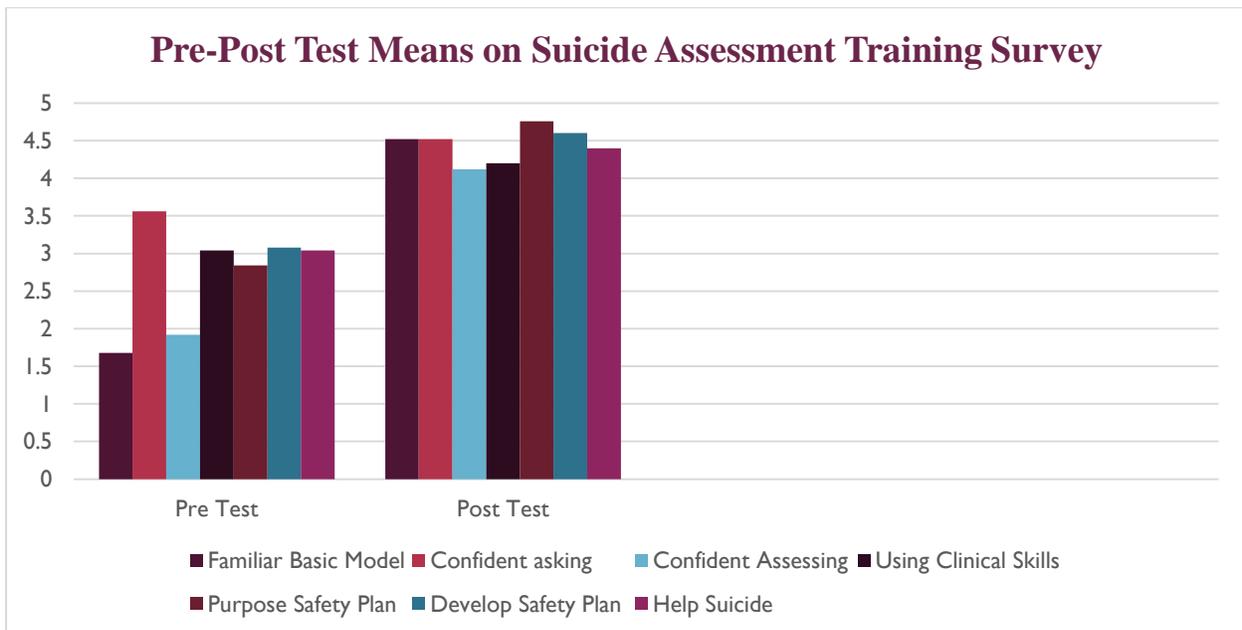
1. "I learn the best visually and seeing how things operate. When we talked about it in class I did not fully gauge the whole concept of a first session, but by being able to see people interact it helped. I feel much more confident after watching the video. I think it is a great learning tool. I think more visual depictions would be helpful."
2. "I learn through examples. This example format helped me see how to structure a typical first interview. I had no idea that so much therapy happened during the first session. It was also good to see how simple reflecting content or feelings gets results."
3. "The video helped me get an idea of what to expect in my first session. It was good to see how Dr. Fin handled some of the questions asked as well as how to use essential skills."
4. [The video was] "very helpful in seeing how forms were presented and how info was communicated. I really liked seeing how info was discussed from the Adult Inventory. The counselor was able to find out a lot about client by asking for specifics."

Video 3: Suicide Assessment Video

Although the overall assessment of the workshop included a total of 18 Likert-type items, I selected 5 that highlighted the focus of the video portion and would speak to the goals outlined for this demonstration. Pretests were given to students at the start of the workshop and post-tests at the conclusion of the workshop. Twenty-five students (all second-year students in the counselor education program) attended the workshop and completed the surveys ($n=25$). The items were and results were as follows:

1. I am familiar with the PIMP model of suicide assessment and believe I can use it effectively. (PIMP stands for Plan, Intent, Means, and Prior Attempts). Using paired sample t-tests, the results were significant: $t=14$ $p<.00001$.

2. I feel confident in asking about suicidal ideations. Using paired sample t-tests, the results were significant: $t= 5.05$ $p<.00001$.
3. I feel confident about fully assessing for suicidal ideation and intent using a model like SIMPLE STEPS. Using paired sample t-tests, the results were significant: $t= 13.9$ $p<.00001$.
4. I feel confident in my ability to thoroughly assess for suicide while also using my essential counseling skills and maintaining therapeutic rapport with my client. Using paired sample t-tests, the results were significant: $t= 5.71$ $p<.00001$.
5. I understand the purposes behind the development of a safety plan and can distinguish a safety plan from a no-harm contract. Using paired sample t-tests, the results were significant: $t= 8.56$ $p<.00001$.
6. I feel confident that I can effectively work with a client to develop a safety plan. Using paired sample t-tests, the results were significant: $t= 9.07$ $p<.00001$.
7. I feel confident that I can help prevent suicide and/or help a client/student who is suicidal. Using paired sample t-tests, the results were significant: $t= 8$ $p<.00001$.



Qualitatively, about half of the students noted that the video was “one of the most helpful aspects of the suicide assessment training workshop” in an open-ended comment section. Sample comments included “going over the acronyms of PIMP and SIMPLE STEPS was very helpful. The video helped with regards to how to ask certain questions” and “the video was helpful! It definitely showed me how the flow of things went.”

Interpretation and Future Directions

Based on the results of this project, it appears that that I accomplished my major goals for Video 1, “A First Session” in that students reported increased understanding of the purpose and structure of the first counseling session as well as increased confidence in their ability to conduct

the first session effectively. In fact, every item I assessed had a significant change (at the $p < .01$ level) from pre-test to post-test, indicating that it is likely that my intervention caused the change in student ratings. Although my sample size was small, my video seemed to have the desired effects on student confidence and efficacy. However, it was more difficult than I anticipated to collect information from supervisors. Many of them forgot to assess the student's first session using the provided tool, and many completed it for a session that was not the student's first. Additionally, I do not yet have access to all of the final Practicum Evaluation Rubrics from last semester as they have not yet been entered into our database, which effected assessment of the third learning objective associated with both videos. Therefore, I was unable judge effectiveness based on performance ratings from supervisors.

In term of future directions with the first video, student constructive comments suggested that students be given a packet of paperwork to follow along with while watching the video. Although students did have access to the paperwork and were asked to review it ahead of time and print it if they desired, most did not do this. It may be beneficial to provide this for them the day I show the video. One or two of the Essential Skills students (beginning students) noted that they thought the video was a little overwhelming for their current skill level and that it should be shown closer to practicum instead (as it was during the Practicum Orientation for the more advanced students). However, some of the more advanced students noted that they would have benefited from seeing the video earlier in their program of study and more than the one time during the practicum orientation. I will have to consider ways to make the video less overwhelming to beginning students while also introducing them to the basic concepts. Additionally, some students indicated that they would appreciate seeing other examples of first sessions that would occur with different client types (such as a couple, a minor, a family, etc.). This is something that I will consider and will share the information with the Clinical Director of the IPFW CCC to gather her input on the feasibility and utility of such a project.

For the third video, "Suicide Assessment Demonstration," ratings on the assessments of the workshop overwhelming indicated that students had an increased understanding of the suicide assessment process using the SIMPLE STEPS model and increased confidence in their ability to conduct a thorough suicide assessment. Again, each item had a significant change from pre-test to post-test according to my analyses. However, I am unsure how much the video specifically contributed to this change, as the pre-test occurred prior to the start of the workshop and the post-test was at the end of the workshop, so some of the change may be accounted for by other aspects of the training protocol I developed. Regardless, students did indicate specifically that the video was helpful in the comment section of the survey, and also requested additional video demonstrations with different client types, such as a child who is suicidal. As with the other video, I believe this is something to consider, but may be difficult to do in practice due to ethical concerns about working with children in this way for demonstration purposes.

In conclusion, I believe this project was a success in that it provided much needed clinical examples for counseling education students. At this juncture, I am considering creating additional videos and potentially proposing a series to a publisher. I am grateful to CELT for the funding that made this possible.

References

- Finn, S. E., & Tbsager, M. E. (1997). Information-gathering and therapeutic models of assessment: Complementary paradigms. *Psychological Assessment*, 9(4), 374-385.

McGlothlin, J. M. (2008). *Developing clinical skills in suicide assessment, prevention, and treatment*. Alexandria, VA: American Counseling Association.