The University of St. Thomas
Clinical Mental Health Counseling Programs
CMHC 5305 Helping Relationships
Spring 2016

Instructors:  Elizabeth Maynard, Ph.D.
Office: School of Education Annex (1202 Colquitt Street)
Work Phone: 713-942-5938 (Maynard)
Office Hours: Mondays 12-1 & 4-5, Tuesdays 4-5, Wednesdays 4-5, Thursdays 12-1 & 4-5 and by appointment
E-mail: maynare@stthom.edu
Course Home Page: On Blackboard
Class Meeting: Tuesdays 1-3:45pm
Prerequisites:  None

Course Description: This course introduces students to essential interviewing and counseling skills, with an emphasis on individual counseling methods and interventions. This experiential class covers topics such as active listening, attunement to clients, and building empathy. In addition, focus is placed on the counseling interview and the balance between gathering information and fostering the helping relationship. Emphasis is placed on the counselor's development as a professional helper.

Learning Outcomes: The content and experiences in this course provide a basic understanding of the essential therapeutic skills necessary for the development and maintenance of a professional counseling relationship. An experiential component of this course includes the practice of active listening skills, empathy, and therapeutic style. Students will also learn to conceptualize client issues from a variety of perspectives and conduct a clinical interview. The following program content areas as indicated by CACREP (2016) are met in this course (Helping Relationships):

Section 2.F.2.
   e. the effects of power and privilege for counselors and clients
   h. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination

Section 2.F.5.
   a. theories and models of counseling
   f. counselor characteristics and behaviors that influence the counseling process
   g. essential interviewing, counseling, and case conceptualization skills
   i. development of measurable outcomes for clients
   j. evidence-based counseling strategies and techniques for prevention and intervention

In addition to addressing the CACREP standards described above, this course is also designed to assist the student in her or his preparation for the National Counselor Examination (NCE) and licensure requirements for Licensed Professional Counselors (LPCs) in Texas (Individual Counseling Methods).
This course also addresses the following Catholic social justice dimensions:

**The Principle of Human Dignity:** Every human being is invaluable and worthy of respect as a member of the human family.

**The Principle of Association:** The person is not only sacred but also social. By association with others, human persons achieve their fulfillment.

**The Principle of Solidarity:** We are one human family; loving our neighbor has global dimensions in an interdependent world.

**Required Texts:**


**Recommended Texts:**


**Reserve Materials/Recommended Articles Posted on Blackboard:** The instructor may post additional readings on Blackboard.

**Methods of Instructions and Conduct of the Course:** This course is designed primarily as an experiential course to introduce beginning counseling skills. The class will combine lecture material with experiential exercises, including video recording, exercises for practicing counseling skills/demonstration, reflection exercises, and class discussion of the videos.

Participation in this course requires students to work with peers to develop therapeutic skills in an experiential way. Confidentiality of personal material that is disclosed in class is essential in this process. As in a counselor-client relationship, confidentiality is extremely important.

**Final Grade Distribution:**

**Class Attendance and Participation:**

Students are expected to attend all classes. Each absence has an impact on other students, as role plays are disrupted if a student is absent from class. This is a graduate-level seminar course and its underlying philosophy is based on an instructional model that includes both didactic and group experiential learning. Students are expected to be familiar with the assigned readings, reflect on them in advance of the class for which they have been assigned, and participate actively in the class.
Character Development [10 points]: In preparation for the role of client in class role plays, each student will prepare a 2-3 page character study, following the format of a client intake. Students may use the format of the case study from the Counseling Theories course as a model. Each student is encouraged to select character features and presenting concerns appropriate for an entry-level counselor, avoiding significant distress or impairment on the part of the client.

Video Recording [60 points total / 20 points per video]: Students will participate in three video-recorded interviews. These are designed to develop foundational skills. Students are required to evaluate their own strengths and limitations in the videos and to receive feedback from the instructor and classmates about strengths and growth edges. These assignments are designed to address CACREP standards 2.F.5. b, f, g, i, & j.

Video #1: Forming a Therapeutic Alliance: Attending, Listening, Empathy (20 minutes)

<table>
<thead>
<tr>
<th>Content</th>
<th>Rating Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending Skills</td>
<td>Eye contact; relaxed state; sitting position; attentive posture; responsive motion and gestures; focus on the here-and-now; etc.</td>
<td>5</td>
</tr>
<tr>
<td>Listening Skills</td>
<td>Using accurate feeling words; mapping emotional intensities; active silence</td>
<td>5</td>
</tr>
<tr>
<td>Following Skills</td>
<td>Door opener; minimal encouragers (verbal); minimal encouragers (non-verbal); prompts; open-ended questions/statements; enabling client to go deeper; accompanying rather than leading; etc.</td>
<td>5</td>
</tr>
<tr>
<td>Empathic Connection</td>
<td>Tuning in to the client; understanding the client’s world; conveying empathy to the client</td>
<td>5</td>
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</table>

Video #2: Increasing Therapeutic Alliance: Responding Skills (20 minutes)

<table>
<thead>
<tr>
<th>Content</th>
<th>Rating Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forming Therapeutic Alliance</td>
<td>Attending; reflective listening; following; empathy</td>
<td>5</td>
</tr>
<tr>
<td>Responding Skills</td>
<td>Paraphrasing; reflecting feelings; communicating respect; timing; summarizing; reframing; open questions; closed questions; advice giving; directive; informative; reflection of meaning; supporting; affirming responses; interpretation; etc.</td>
<td>15</td>
</tr>
</tbody>
</table>

Video #3: Counseling Intake Session While Maintaining a Therapeutic Alliance (30 minutes)

<table>
<thead>
<tr>
<th>Content</th>
<th>Rating Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Alliance</td>
<td>Attending; listening; following; empathy; responding</td>
<td>5</td>
</tr>
<tr>
<td>Identifying information &amp; History</td>
<td>Client’s demographics; personal history; family history; social history; mental health history; medical history; substance use history</td>
<td>5</td>
</tr>
</tbody>
</table>
Presenting Problems

Presenting problems and associated chief complaints; assessing client’s thoughts as to why the problems are present at this time; recent crises

Facilitating change/growth

Helping clients tell their story; work with ambivalence; motivational interviewing; goal-setting; etc.

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**Reflection Paper on Video Recording [10 points total]:**

In this paper, students reflect on their experiences of video recording, growth areas from the first to the third video recording; strengths and areas for improvement in terms of establishing and maintaining a therapeutic alliance; and plans for professional growth. This paper should be 4-5 pages in length and double-spaced. This assignment is designed to address CACREP standards 2.F.2.e and h, and standards 2.F.5.b, f, and g.

*Note: In order to complete this paper, keeping a journal record will be helpful.*

<table>
<thead>
<tr>
<th>Content</th>
<th>Rating Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Format</td>
<td>Appropriate use of APA style</td>
<td>1</td>
</tr>
<tr>
<td>Correct Grammar and Structure</td>
<td>Writing is clear, concise, and organized.</td>
<td>1</td>
</tr>
<tr>
<td>Video Recording</td>
<td>Experiences of video recording; awareness of your internal processes; your feelings and thoughts; personal spiritual themes; etc.</td>
<td>4</td>
</tr>
<tr>
<td>Helping Skills</td>
<td>Your strengths and growing edges in implementing the skills of establishing and maintaining therapeutic alliance; your future plans for your professional growth</td>
<td>4</td>
</tr>
</tbody>
</table>

**Client Case File [30 points total]:**

Record keeping is an important element of ethical clinical practice. Throughout the semester, you will build and maintain a paper file for your client, which includes his or her intake paperwork, an intake write-up, SOAP-format notes for each in-class session, and a termination summary. Examples of these will be offered in class. This assignment is designed to address CACREP 2.F.5.g, i and j.

<table>
<thead>
<tr>
<th>Content</th>
<th>Rating Criteria</th>
<th>Points</th>
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</thead>
<tbody>
<tr>
<td>Intake Paperwork</td>
<td>Intake materials are present and complete</td>
<td>5</td>
</tr>
<tr>
<td>Intake Write-Up</td>
<td>Writing is clear, concise, and organized and addresses the most significant information specified on the intake form.</td>
<td>10</td>
</tr>
<tr>
<td>SOAP Notes</td>
<td>Session note is included for each session, following SOAP format.</td>
<td>10</td>
</tr>
<tr>
<td>Termination/Treatment Summary</td>
<td>Writing is clear, concise, and organized and offers a summary of the therapist’s work with the client.</td>
<td>5</td>
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</tbody>
</table>
Late Assignments and Class Absences: Late submission of course assignments will result in a point deduction of 5 points for each late class day. For example, a video recording that receives a score of 19/20 but is submitted after the due date but before the next class will receive a score of 14/20. Absences from class will also result in a final point deduction of 5 points for each absence.

Final Grade Distribution:

<table>
<thead>
<tr>
<th>Course</th>
<th>Weight</th>
<th>Grade</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Character Development</td>
<td>10</td>
<td>A</td>
<td>94-100</td>
</tr>
<tr>
<td>Video Recordings</td>
<td>60</td>
<td>A-</td>
<td>90-93</td>
</tr>
<tr>
<td>Reflection Paper</td>
<td>10</td>
<td>B+</td>
<td>86-89</td>
</tr>
<tr>
<td>Case File</td>
<td>30</td>
<td>B</td>
<td>83-85</td>
</tr>
<tr>
<td>Total</td>
<td>110</td>
<td>B-</td>
<td>80-82</td>
</tr>
</tbody>
</table>

This course must be passed with a grade of B or better to advance to practicum. Students who earn a B- or lower in this course must repeat this course for a B or better before starting practicum.

Academic Integrity
As a Catholic, Basillian university, integrity and honesty are integral components of UST’s core values. We support open, civil discourse and careful, respectful listening where freedom of thought and expression are valued and protected. The University also supports honesty and integrity by striving in various ways to foster respect for oneself and one’s own work, as well as respect for others, their work, and their basic human rights.

Students are expected to conduct themselves honestly on all academic assignments. University-wide information about academic integrity as well as procedures for addressing alleged violations can be found in the Graduate Catalog. Violations of academic integrity include, but are not limited to cheating, stealing, lying, forgery, and plagiarism. Ignorance of any of these offenses is not a valid reason for committing an act of academic dishonesty.

Blackboard
Course materials are placed on UST’s content management system, Blackboard.

Recording Class Lectures
With the instructor’s permission, students may record class lectures for their private use only. No clinical case presentations or case studies offered in class may be recorded. The materials may not be given, loaned, or sold to others without the consent of the instructor. In addition, class lectures must be appropriately cited when used (see APA Manual).

Weather-Related Cancellations or Changes to Schedule
When UST closes due to a weather event, the University will place this information on local television and radio channels, and the university’s website. Missed classes will be made up, either through the rescheduling of the class time, or through a supplemental academic activity.

Learning Disabilities or Differences
To request academic accommodations due to a disability or difference, contact Counseling and Disability Services (713-525-2169). If you have a letter from Counseling and Disability Services indicating that you are eligible for academic accommodations, please present the letter to the instructor to arrange for the use of your accommodations. To ensure fairness to all students and maintain appropriate professional boundaries, instructors follow the guidance of the Counseling and Disability Services office in the provision of accommodations.
Writing Center
To request assistance with writing papers, contact UST’s Tutorial Services office, located on the second floor of Crooker Center.

Communication Devices
To avoid distracting the instructor and other students from their class work, please turn off all cell phones or other communication devices during class time. Please refrain from text messaging, e-mailing, or surfing the web in class.

Incomplete Grades
Incomplete grades will only be given for extreme emergencies, at the discretion of the instructor. A death in your family, extreme illness (not colds and flu), military activation, or other significant events outside of your control may be grounds for an Incomplete grade.

Withdrawal from Course
To withdraw from the course with a grade of ‘W’, the student must withdraw by the date reflected in the University’s academic calendar. Please consult the graduate catalog for more information.

Course Evaluation at the End of the Semester
Students are asked to evaluate the course and instructor at the end of each semester. This evaluation is extremely helpful in the improvement of our courses. Please participate in this important process.

Schedule of Class Sessions (Subject to change):

<table>
<thead>
<tr>
<th>Week</th>
<th>Class</th>
<th>Session Topic</th>
<th>Required Readings</th>
<th>Assignment</th>
<th>CACREP Competencies</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1/19</td>
<td>MS CMHC Orientation Class Introductions Syllabus overview Course Introduction Case Files &amp; Intake</td>
<td>Hill 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1/26</td>
<td>The Helping Process Ethics in Helping</td>
<td>Hill 2-3</td>
<td></td>
<td>2.F.2.e, h 2.F.5.b, f, i, j</td>
</tr>
<tr>
<td>3</td>
<td>2/2</td>
<td>Relationship in the Context of Diversity Note Taking</td>
<td>Hill 4-5</td>
<td>Character Development Due</td>
<td>2.F.2.e, h 2.F.5.f, j</td>
</tr>
<tr>
<td>4</td>
<td>2/9</td>
<td>Exploration Stage: Attending, Listening &amp; Observing</td>
<td>Hill 6-7</td>
<td>Practice</td>
<td>2.F.5.b, g</td>
</tr>
<tr>
<td>5</td>
<td>2/16</td>
<td>Exploration Stage: Restatement, Reflection &amp; Questions</td>
<td>Hill 8-9</td>
<td>Practice</td>
<td>2.F.5.b, g</td>
</tr>
<tr>
<td>6</td>
<td>2/23</td>
<td>Exploration Stage: Skill Integration</td>
<td>Hill 10</td>
<td>Graded Video #1 Completed</td>
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<tr>
<td></td>
<td>Date</td>
<td>Activity</td>
<td>Location</td>
<td>Notes</td>
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<tr>
<td>7</td>
<td>3/1</td>
<td>Review of Video #1</td>
<td></td>
<td>2.F.2.e</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>3/8</td>
<td>Insight Stage: Challenges &amp; Interpretations</td>
<td>Hill 11-12</td>
<td>Practice 2.F.2.e, 2.F.5.b, g</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>3/15</td>
<td>Insight Stage: Insight &amp; Immediacy</td>
<td>Hill 13-14</td>
<td>Practice 2.F.2.e, h, 2.F.5.b, f, g</td>
<td></td>
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<tr>
<td></td>
<td>3/22</td>
<td>No Class: Spring Break</td>
<td></td>
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<tr>
<td>10</td>
<td>3/29</td>
<td>Insight Stage: Skill Integration</td>
<td>Hill 15</td>
<td>Graded Video #2 Completed</td>
<td></td>
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<tr>
<td>11</td>
<td>4/5</td>
<td>Review of Video #2</td>
<td></td>
<td>2.F.2.e</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>4/12</td>
<td>Action Stage: Goals and Tasks</td>
<td>Hill 16-17</td>
<td>Practice 2.F.5.b, g, i</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>4/19</td>
<td>Action Stage: Integration</td>
<td></td>
<td>Graded Video #3 Completed</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>4/26</td>
<td>Review of Video #3 Course Summary</td>
<td></td>
<td>Case File &amp; Reflection Paper on Videotaping Due 2.F.2.e, h, 2.F.5.b, f, g, i, j</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exam Period</td>
<td>No Final Exam in this course</td>
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</table>

**Video Recording Policy and Procedures for Training Purposes**

Students learn by doing, therefore we will expect all students in Helping Relationships to participate in simulated counseling sessions with fellow students (and possible other volunteers). In order for these simulated counseling sessions to be viewed and graded by the instructors, they must be video recorded, and as such they are subject to the ethical guidelines set forth by the ACA.

Due to the lack of secure counseling office space some simulated counseling sessions cannot be guaranteed to be completely confidential. Despite this limitation, the students and faculty will both strive to protect the confidentiality of each training session. The following instructions outline the procedures that students must follow to complete recording successfully.

**Prior to Recording a Simulated Client**

Students will discuss the ethical guidelines governing video recording of clients and become aware of the strict boundaries of confidentiality that must be maintained in order to ensure that client privacy is protected. (B.3.e)

Students will notify clients in writing of their intentions to recording the counseling session. Students will identify those persons who will have access to viewing the session, the purpose(s) of the viewing and how long...
the video recording will be preserved. Students will also identify any limits to confidentiality at this time. (B.6.c., H.2.c)

Sample forms of informed consent will be provided for the student counselors to present to the “simulated client” and these forms must be signed by the “client” and maintained as a part of the “client record”.

**Video Recording Equipment**

Students will provide at their own expense, a device that can capture both audio and video images of the counseling sessions. The quality of both the audio and video must be such that the viewers can see and hear both individuals clearly.

This device must be able to save information digitally and be able to transfer the completed session via email or flash drive (memory stick).

**Under no circumstances may any part of the video recorded information be shared in any other way to any persons, in or out of the CMHC without the express written consent of the instructor. This prohibition includes sharing on social media, by means of written transcript or publishing to a blog.** (H.6.d)

**Step by Step Procedures for Video Recording Sessions**

1. Students are assigned a “client” who will be another student in the program. If no student is available, a faculty member may volunteer to participate as a client.

2. In the first meeting, students will explain the video recording requirements and limits of confidentiality and will obtain written permission to record and share the counseling session with their instructor(s). (B.7.a, H.2.c)

3. Students will create a product that can be seen and heard clearly by the instructor. It must include a visual and audio record of both the client and counselor in the session.

4. Students will download the session to a device that can transfer the information digitally (e.g. computer). If the recording device can send the information, then it can be done so directly. **Please label the video product with your name and the session number.**

5. Send that information via email to the instructors’ Stthom account only. (B.6.g, H.2.d.) This will ensure the integrity of the email security. Alternatively, students may copy the information to a flash drive and give that drive directly to the instructor.

6. Once the instructors have viewed the counseling session, it will be graded and saved through the end of the semester. All recorded counseling sessions will be destroyed at the end of the semester.

**Sections of the Ethical Code that govern Client Confidentiality and Technology**

B.3.e. Transmitting Confidential Information
Counselors take precautions to ensure the confidentiality of all information transmitted through the use of any medium.

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

B.6.d. Permission to Observe
Counselors obtain permission from clients prior to allowing any person to observe counseling sessions, review session transcripts, or view recordings of sessions with supervisors, faculty, peers, or others within the training environment.
B.6.g. Disclosure or Transfer
Unless exceptions to confidentiality exist, counselors obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.7.a. Respect for Privacy
Information shared in a consulting relationship is discussed for professional purposes only. Written and oral reports present only data germane to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.

B.7.b. Disclosure of Confidential Information
When consulting with colleagues, counselors do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with which they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purposes of the consultation.

F.1.c. Informed Consent and Client Rights
Supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be stored, transmitted, or otherwise reviewed.

H.2.b. Confidentiality Maintained by the Counselor
Counselors acknowledge the limitations of maintaining the confidentiality of electronic records and transmissions. They inform clients that individuals might have authorized or unauthorized access to such records or transmissions (e.g., colleagues, supervisors, employees, information technologists).

H.2.c. Acknowledgment of Limitations
Counselors inform clients about the inherent limits of confidentiality when using technology. Counselors urge clients to be aware of authorized and/or unauthorized access to information disclosed using this medium in the counseling process.

H.2.d. Security
Counselors use current encryption standards within their websites and/or technology-based communications that meet applicable legal requirements. Counselors take reasonable precautions to ensure the confidentiality of information transmitted through any electronic means.

H.6.d. Use of Public Social Media
Counselors take precautions to avoid disclosing confidential information through public social media.
Client: 

Date: 

Identifying Information/Referral: 

Presenting Problem(s): 

History of Presenting Problem(s): 

Current Functioning: 
Vocational/Academic: 
Financial: 
Social Support: 
Sexual: 
Religious: 
Eating: 
Substance Use/Abuse: 
Sleeping:
Exercise:

Family History:

Abuse/Neglect (Physical, Emotional, Sexual)

Dangerousness:
Self:
Others:

Legal Issues:

Medical Conditions/Medications:

Previous Mental Health Services/Hospitalizations:

Diagnostic Impression:

Goals for Treatment:

Treatment Plan:

Next contact scheduled for:

Homework:
Identifying Information:
Debbie is a 60 year-old Caucasian woman. She is single, heterosexual, and eclectic in her spiritual beliefs. She was referred to treatment on the recommendation of her brother.

Presenting Problem:
“I’ve been having a hard time managing my life.”

History of Presenting Problem:
Debbie has lived alone for most of the last 30 years. She owns her own home in a suburb of a small city. She has experienced episodes of depression in the past, but dislikes taking medication and distrusts psychologists and psychiatrists. She feels that seeking counseling makes her feel “crazy.” However, in recent months, her brother has become concerned that Debbie does not seem to be managing her life very effectively. She recently allowed a homeless man to sleep on her living room sofa for several weeks, and when the brother visited the house, he complained that the house smelled of human waste and dog urine. While Debbie has always been something of a “packrat,” she has now collected so much stuff that it is difficult to walk in her home. She recently had a small kitchen fire, and when the fire department arrived to air out the smoke, they were unable to reach the windows to open them. She called her brother asking for his help because she feels overwhelmed by her possessions, and doesn’t know how to get organized. He suggested counseling and she agreed to attend several sessions as a favor to him.

Current Functioning:
Vocational: Debbie works as an oncology nurse in a public hospital. She usually works nights.
Financial: Debbie earns enough money to support herself, but is fearful that she will be poor when she retires. She hopes that some of her possessions will give her security later in life.
Social Support: Debbie enjoys her siblings and feels hurt when they don’t make time for her. She is most likely to call her brother or younger sister when she needs help. She has made a few casual relationships at work, but denies any friendships outside of work.
Sexual: Debbie has been single throughout her adult life. At some points she has wanted a relationship, but doesn’t know why men don’t find her attractive.
Eating: No history of disordered eating. She enjoys trying new restaurants, but fears going alone. She is 5’6”, 170lbs.
Sleeping: Due to her work schedule, Debbie works nights and sleeps during the days.
Exercise: None.
Spiritual: She was raised Presbyterian, but finds Judaism more appealing. She does not participate in a regular religious practice.

Family History
Debbie is the sixth of seven children. Her father, a physician, died 15 years ago. Her mother, 90, lives in a local nursing home. Debbie shares some responsibility for her mother’s care with her younger sister. Debbie’s mother and three of her siblings have been diagnosed with bipolar disorder. Her mother was hospitalized several times for episodes during Debbie’s childhood. The custom in the family when these hospitalizations occurred was to refrain from discussing what was happening. Thus, on several occasions Debbie’s mother was missing from the home and her father and grandmother would not tell Debbie where her mother had gone. As a young child, much of her care was offered by her older sister, ten years her senior. When Debbie was very young, her father was in the Navy. He was often deployed for 3-6 months at a time and Debbie was not
able to see or talk to him during those times. Debbie reports that her relationship with her father was good, particularly after her four oldest siblings left home for college.

Abuse History
Physical: Spanking was used as discipline in the family, but Debbie did not feel abused.
Emotional: None.
Sexual: Debbie reports that a date with a boy in early high school “went too far,” but she declines to elaborate.

Previous Therapy
Debbie attended three sessions of individual therapy during college to manage anxiety. She feels apprehensive about therapy “because it didn’t help my mom much.”

Medical History
Like many of her siblings, Debbie has Type-II diabetes.

Substance Abuse
Smoking: None.
Alcohol: She drinks 1-2 drinks per month
Drugs: Denies drug use.
Caffeine: Drinks 2 cups of coffee/shift

Mental Status
Debbie was alert and oriented x 4. She appeared mildly depressed and anxious about the interview. No perceptual or thought distortions evident.

Suicidality/Dangerousness
To Self: Denies suicidality. Her present living conditions may pose a passive danger to her safety.
To Others: Denies.

Legal/Ethical
None.